MCRAH OPERATION PLAN : 2011-2016

1.	**Name of the Operational Plan (OP)**	**:**	**Maternal, Child, Reproductive and Adolescent Health (MCRAH)**
2.	**Name of the Sector Programme**	**:**	**Health, Population and Nutrition Sector Development Programme (HPNSDP)**
3.	**Sponsoring Ministry**	**:**	**Ministry of Health and Family Welfare**
4.	**Implementing Agency**	**:**	**Directorate General of Family Planning**
5.	**Implementation Period**	**:**	
	(a) Commencement	**:**	**01 July 2011**
	(b) Completion	**:**	**30 June 2016**
6.	**Objectives of the OP**	**:**	

General Objective: This operation plan is intended to ensure healthy reproductive life of women and adolescent during pregnancy and child birth and throughout the whole span of reproductive life by skilled service providers at home and facility to achieve MDG 4 and 5 and also in line with vision 2021.

***Specific Objective*:**

- To ensure services to provide safe delivery at home and facility
- To provide services to adolescent boys and girls
- To provide services to community people on nutritional aspects of health
- To provide RH services such as MR, PAC, VIA & CBE, Fertility care
- To train service providers to ensure quality of care
- To ensure MSR/logistic supplies to service delivery point and the community
- Minor repair/renovation of service centers
- To introduce new evidence based best practices in the program
- To monitor and supervise the program activities to ensure quality of care

7. Estimated cost:

7.1 PIP and OP cost **Tk. in lakh**

Description	Total	GOB	PA (RPA)	Source of PA
Approved cost of the PIP (Development budget)	2217666.17	860350.12	1357316.05 (869791.03)	IDA pool fund, UNFPA & others
Estimated cost of the OP	87904.00	20015.00	67889.00 (38398.00)	
Cost of OP as % of PIP	3.96%	2.33%	5.00%	

7.2 Estimate cost (According to Financing Pattern): **Tk. in lakh**

Source	Financing Patterm	2011-12	2012-13	2013-14	2014-16	Total	Source of Fund
GOB	GOB Taka (Foreign Exchange)	3700.00	4000.00	4700.00	7615.00	20015.00	GOB
	CD-VAT						
	GOB Others (e.g. JDCF)						
	Total (GOB) =	**3700.00**	**4000.00**	**4700.00**	**7615.00**	**20015.00**	
PA	RPA (Through GOB)	8631.00	9328.06	9403.87	11035.07	38398.00	Pooled fund including JICA
	RPA (Others)						
	DPA	3669.20	3249.18	2528.18	20044.44	29491.00	UNFPA, DFID&EC, JICA, WHO
	Total (PA) =	**12300.20**	**12577.24**	**11932.05**	**31079.51**	**67889.00**	
Grand Total		**16000.20**	**16577.24**	**16632.05**	**38694.51**	**87904.00**	

8. Management Structure and Operational Plan Components (Attached Management set up at Annex- I):

8. 1. Line Director : Director (MCH-Services), DGFP.

8.2 Major Components of OP and their Programme Managers/DPM:

For effective management and implementation of this operation plan from the central level, three Program Managers in the rank of Deputy Director will be responsible for the program implementation who will be assisted by the Deputy Program Managers in the rank of Assistant Director. The main focus of this operation plan is to strengthen and sustain the ongoing program activities and also through expansion of service provision by strengthening the support services. Detail designation of program personnel are shown below:

Major Components	Program Manager	Deputy Program Manager
i) Maternal and Child Health Care Services	Deputy Director (MCH) and PM (Maternal and Child Health Services)	Assistant Director (MCH)- 3 and Assistant Director (Services)- 2 1. DPM (MHS) 2. DPM (Adolescent Health) 3. DPM (Child Health & Nutrition) 4. DPM (RH) 5. DPM (Training & Research)
ii) Adolescent and Reproductive Health Care Services	PM (Adolescent & Reproductive Health Care)	
iii) Support Services	Deputy Director (Services) and PM (Service Delivery)	Assistant Director-4 1. DPM (Support Services) 2. DPM (Logistic and Transport) 3. DPM (Finance and Audit) 4. DPM (M & E)

Existing post of Project Director of the then "Traditional Birth Attendant" (TBA) Training Project (also re-designated as PM for Support Services and Coordination during HPSP under ESP-RH and also PM (CA&SS) during HNPSP of DGFP) is rearranged and designated as PM (Adolescent and Reproductive Health Care). Similarly existing posts of Assistant Directors of "MCH Services Unit" are rearranged and designated as Deputy Program Managers of MC-RAH program activities. Deputy Director (Services) have to render strong support in the implementation process of the program activities through efficient utilization of budgetary allocations and management of skilled personnel, audit, procurement, maintenance of transports, distribution of drugs and equipment and other logistics etc. under guidance of Line Director (MC-RAH). Four Project Officer post transferred from abolished TBA project to the temporary revenue post in the MCH-Services unit re-designated as Assistant Director also work as Deputy Program Manager to support Deputy Director (Services).

8.3 Proposed manpower in the development budget:

Sl. No.	Name of Post	Number of Posts	Pay Scale	Grade	Consolidated pay per person/ month	Total Month	Total Pay (Taka in lakh)
	(i) Maternal Health Care Services						
1	Asstt. Director (MCH)	1	18500-29700	6	40000	60	24.00
2	Accounts Officer	1	11000-20370	9	25000	60	15.00
3	Administrative Officer	1	8000-16540	10	25000	60	15.00
4	Driver (Ambulance)	4	4900-10450	15	20000	240	48.00
5	Asstt. Nursing Attendant	53	4900-10450	15	20000	3180	668.85
6	Sweeper	10	4100-7740	20	13000	600	78.00
7	Peon-cum-Chokider	4	4100-7740	20	13000	240	31.20
	Sub-Total	**74**					
	(ii). Sub Program : Adolescent Health Care						
1	Statistician	1	11000-20370	9	25000	60	15.00
	Sub-Total	**1**					
(iii). Sub Program : Support Service & Co-ordination							
1	PD (TBA)/Program Manager (Support Services & Coordinator)	1	18500-29700	5	40000	60	24.00
2	Driver	1	4900-10450	16	15000	60	9.00
	Sub-Total	2					
	Grand total	**77**			236000	4620	928.05

* Deputation: Assistant Director (MCH), Program Manager (Support Service and Coordination) and all other existing manpower e.g. Assisting Nursing Attendant, Driver, Sweeper and Peon cum Chowkider etc will get their salary from the Development budget of National pay scale. These posts are carried over from the last HNPSP OP under development budget.

** New recruitment: New recruitment of 4th class employees e.g. Sweeper, cleaner, peon cum chowkider and driver etc will get salary as outsourcing staff.

9. Description:

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

9.a.i Background information :

MCH-based FP Programme:
Safe Motherhood and survival of infant and child are directly linked to fertility rates. Effective birth control is possible when couples are ensured of safe delivery along with certainty of child survival. Taking this into consideration Directorate General of Family Planning (DGFP) introduced the MCH based Family Planning program from 1975. To reduce the maternal and child mortality and morbidity the program is designed to provide maternal health care and Family Planning services from the same service center.

Thereafter **"Strengthening of MCH Services"** project was undertaken through which Union Health and Family Welfare Centers (UH&FWC) at union level started functioning. Family Welfare Visitor (FWV) is the prime service provider from that service center. Providing care to the pregnant woman (ANC) in one side and motivate and provide short or long acting contraceptive methods to the same mother on the other side give momentum to the MCH-FP program. Further decentralize these services close to the community, FWV conduct Satellite Clinic services. At present there are 3827 UH&FWC are functioning throughout the country along with 30,000 satellite clinics are arranged per month. To accelerate and to increase coverage of MCH-FP services, two-way approaches were also undertaken by further decentralization of MCH-FP services close-to-users and door-steps of the community people. This "Strengthening of MCH services" provided through -
Domiciliary services by FWAs and **Satellite Clinics services** by FWVs. Moreover, another two projects titled **"Traditional Birth Attendants (TBA) Training Project"** and **"Community Participation in National FP-MCH (Depo-holder) Project"** were in place before HPSP. "Traditional Birth Attendants (TBA) Training Project" was launched with a view to provide domiciliary safe childbirth care services in rural areas through improving attitude, skill and practices of TBAs. "Community Participation in National FP-MCH (Depo-holder) Project" was also implemented with a view to create a cadre of **"female volunteers"** to establish motivational work at community level for motivating, recruiting and referring MCH-FP users/ patients to the nearby service delivery centres/ service providers/ field workers.

Launching of HPSP from July 1998, all projects were declared closed but relevant projects were brought together under the concerned Operational Plans during the period of HPSP (1998-2003). Above mentioned three projects relevant to the national MCH-FP programme i.e. "Strengthening of MCH Services Project", "Community Participation in National FP-MCH (Depo-holder) Project" and "Traditional Birth Attendants (TBA) Training Project" were reorganized within the broad perspective of Reproductive Health along with all of their manpower under the Operational Plan of ESP-Reproductive Health (ESP-RH). Three reorganized sub-programmes of Reproductive Health were: "Maternal Health Services", "Maternal Nutrition and Adolescent Health Services" and "Support Services and Coordination" respectively.

The major breakthrough under the sector program of HPSP was the implementation of Emergency Obstetric Care (EOC) services at Mother and Child Welfare centers (MCWC) at district and upazilla level to conduct normal delivery and Cesarean section operation at the institutional level to reduce maternal mortality and morbidity under the reorganized Reproductive Health program. At present there are 70 MCWCs with 10-20 bed capacity rendering Comprehensive EOC services 24/7 days by trained doctors and FWVs. Another key change in this sector program was the transfer of service providers from the development to revenue set up.

It was observed that more than 80% of deliveries conducted by unskilled persons were at home which resulted high maternal mortality and morbidity. This observation necessitate to take two major

activities in the next sector program of HNPSP were to train Family Welfare Assistant (FWA) & Female Health Assistant (HA) on Skilled Birth Attendant (CSBA) to conduct safe delivery at home and another is to upgrade the UH&FWC for conducting normal delivery at the institutional level by the trained FWVs on midwifery skill. At present there are 6402 CSBA and 1494 FWVs are trained to provide respective services at home and facility and for this 1441 UH&FWC are upgraded for conducting normal delivery. Despite many constrain in streamlining the program activities, the reduction of maternal mortality in line with the MDG is on tract.

Existing Service Centers

At national level	:	**1.** Maternal and Child Health Training Institute (MCHTI), Azimpur, Dhaka	**1**
		2. Mohammadpur Fertility Services and Training Centre (MFSTC). Mohammadpur, Dhaka	**1**
At District level	:	**1.** Mother and Child Welfare Centers (MCWC)	**60**
At Upazila level	:	**1.** MCH-FP unit of Upazila Health Complex(UHC)	**427**
		2. Mother and Child Welfare Center (MCWC)	**12**
At Union level	:	**1.** Union Health and Family Welfare Centers (UH&FWC)	**3827**
		2. Mother and Child Welfare Center (MCWC)	**24**
At Community level	:	**1.** Community Clinics	**10723**
		2. Satellite Clinics (Per Month)	**30000**

At present Emergency Obstetric Care (EOC) services are available in MCHTI, Azimpur, MFSTC, Mohammedpur, Dhaka MCH unit of FWVTI, Rajshahi and 70 Mother and Child Welfare Center at district and upazilla level. For efficient utilization of MCRAH services an effective referral linkage from union to Upazilla/District level will be ensured.

9.a.ii Current Situation and its relevance to HNP, National Policies, Strategies etc:

The MC-RH program activities are implemented successfully as described in the operation plan which is reflected in the current status of the indicators as maternal mortality ratio (MMR) is 194 per hundred thousand live births and Total Fertility Rate (TFR) is 2.5 per woman.

In the past, government has stressed much on to the supply side of the services. Some important areas that have been given special attention are:

1. Increased coverage and improvement of field activities to ensure that women, children and other vulnerable groups benefit from the government health care services.
2. Expansion of health care service facilities to cover the entire population.
3. Increase of health and family planning services to protect the population from a large number of diseases and advocate small family norm into practice.
4. Improvement of logistics and other supplies to ensure availability of services and quality of care.

Paradoxically many of these health facilities and services particularly at the upazilla level and below remain underutilized. Questions do arise about the efficiencies of the services and also to the equity of access to the services. Despite enormous efforts from the supply side of the services, community does not own these programs and activities resulting in low utilizations of care.

During the implementation of previous sector program many constraint or bottle necks are identified, the most prominent are the retention of trained manpower and recruitment of new service providers. Considering the constraints and lessons learnt from the previous sector program, this operation plan is designed to achieve the MDG 4 & 5 goals and targets and also towards the Vision 2021. For this, two

major priority objectives are the sustainability of the ongoing services and further decentralization of these services resulting to expand supply side of the services and another is to give more thrust on demand generation into the community resulting to create equilibrium on both side of the curve.

9.b. Related Strategy in PIP:

The activities under MCRAH program are being implemented successfully across the country through different service centers ranging from community clinic to national level. There has been a significant improvement reflected in the indicators, such as the maternal mortality ratio (MMR) of 1.94 per thousand live births and a Total Fertility Rate (TFR) of 2.5 per woman (BMMS-2010). During the implementation of the sector program HNPSP, many constraints or bottle-necks were identified, the most prominent being the retention of trained manpower and filling up the vacant position of service providers. Considering the constraints and lessons learnt from the previous sector programs and contribute to achieve the MDG 4 & 5 goals and targets as well as the Vision 2021, two priority activities are designed and considered for implementation such as i) to invigorate the supply side of the services in order to ensure the sustainability and expansion of on-going services and ii) increase demand generation in communities for service utilization resulting to bring an equilibrium on both side of the curve.

In the scenario of decreasing trend of MMR, this operational plan gives emphasis to ensure maximum utilization of service centers under the DGFP by all level of the community people, particularly the women, children, poor and vulnerable. For ANC, Safe delivery and PNC services the primary focus is to strengthen and reorganize the union level service centers along with service expansion at urban and hard to reach areas as well as to establish effective referral system from community clinic to different level of service facilities.

Cross Cutting Issues

- Provide necessary HR, Equipment, supplies and budget for renovation and maintenance to all facilities OP-PFD & HRM
- Provide training to doctors, FWVs and paramedics on reproductive health, essential newborn care and adolescent health. OP-IST & TRD
- Introduce local level recruitment and performance based incentives for retention of trained staff in hard to reach areas OP-HRM
- Strengthen MIS OP-HIS-EH & HRM
- Develop system to register all pregnancies and newborns at the community level with linkages to national population and health registries .OP-MNCAH,CBHC, HIS-EH,MIS, MOLGRD and BBS
- Establish maternal and prenatal death review system both at community and facility level OP-MNCAH, ESD, CBHC, HSM, MCRAH & Local Government
- Increasing efficiency through functional co-ordination with MNCH services, incorporating expertise and facility sharing between DGFP and DGHS .OP-MNCAH and MCRAH.

10. Priority activities of the OP:

10.1 This operation plan is intended to deliver quality Safe Motherhood, Neonatal, Child & Adolescent and Reproductive Health services for improvement of health status of mother and neonates, child and adolescents which facilitates to reduce maternal, neonatal and child mortality to achieve MDG 4 & 5. The program activities are designed in the context of four thematic areas. These are:

a. Strengthening and sustainability of existing service delivery modalities
b. Expansion of service delivery to union and urban/peri urban areas
c. Introduction of evidence based best practices in the services
d. Piloting the new activities to address the bottle neck of services

Components

Component 1: Services Delivery

(a)*Maternal Health Services: It includes*

- Registration of all pregnant mothers;
- Increase birth planning and antenatal care (ANC);
- Safe delivery by trained service providers at home and at facilities (MCWCs and Upgraded UH&FWCs) with active management of 3rd.stage of labor.
- Ensure24/7 EOC services in all MCWCs and selected UH&FWCs.
- Use of Tab. Misoprostol at field level to prevent PPH
- Use of Mg.Sulph. to prevent Eclampsia.
- Postnatal care (PNC)
- Performance based financing for the service providers;
- DSF for the service providers and clients; and
- Community mobilization activities;

(b)Reproductive Health Care services: It include

- Reduction of unsafe abortion through safe MR services and Post Abortion Care;
- Syndromes management of RTI/STI through diagnosis and treatment;
- Counseling on RTI/STD, HIV/AIDS and Condom promotion;
- Provide health education for adopting preventive measures against RTI/STTDs with especial emphasis on condom promotion;
- Prevention of unwanted pregnancies through Emergency Contraceptive Pill.
- Early detection of Cervical cancer through Visual Inspection of Cervix with Acetic acid (VIA) and screening for Breast cancer.
- Fertility care services and treatment of infertility.

(c) Adolescent Health Care Services

- Implementation of adolescent health strategies action plans;
- Promotional activities on delayed marriage;
- Counseling and developing awareness of adolescents on personnel hygienic practices, nutrition, puberty, anaemia, RTI/STI, unprotected sexual activities, night wets, drug addiction, accident, violence and sexual abuse;
- Train adolescents on SRH through peer groups;
- Management for minor gynecological problems i.e. dysmenorrhea, and menorrhagia etc;
- Syndromes management of RTI/STDs, awareness creation on HIV/AIDS and condom promotion for married adolescents;
- Providing consultation and treatment for some reproductive health related problems of adolescents;
- Full immunization of adolescent girls with five dose TT vaccination in coordination with EPI Program;
- Initiation for making all service centers adolescent friendly in phases.

(d)Newborn & Child Health Care Service

- Promoting integrated approach to address sick Child through IMCI including ARI/ pneumonia, Diarrhea, malnutrition, fevers etc.
- Growth monitoring
- Providing medication of Deforming

- Routine immunization in coordination with EPI Program and Vit-A supplementation
- Ensuring management of drowning, injuries and accident
- Limited curative care for Eye, Ear, Skin infection/worm infestation etc
- New born care :
  - Health education for mothers on cleanliness, nutrition, danger signs of both mother and baby, Umbilical cord care, Breast feeding, Thermal control, EPI etc.
  - Management of birth asphyxia
  - Routine eye care, and
  - Special care of pre-term and low birth weight baby

(e) Nutrition Services

Maternal, New born nutrition and Child Nutrition activities will be streamlined in the DGFP Program through this OP. The activities are reflected in this-OP but the logistics/supplies will be provided by as part of the "National Nutrition Service" OP. The nutritional activities will be as follows

- Exclusive breast feeding
- Complementary feeding
- Growth monitoring
- Vit-A Supplementation
- Iron Supplementation (Micro nutrient powder)
- Zinc Supplementation
- Deworming
- Iron & Folic acid Supplementation for pregnant & lactation woman
- Early initiation of breast feeding
- Postpartum-Vit-A
- Weight monitoring for pregnant women
- Food intake (Quantity & Quality)

Component 2: Training

- Training of service providers (Doctors and FWV) on Emergency Obstetric Care (EOC) services;
- Midwifery training for FWVs.
- CSBA training for FWAs to ensure safe delivery round the clock at the community level.
- Training on reproductive health activities such as MR, PAC, VIA & CBE etc;
- Training on adolescent health activities to service providers and adolescents and other stakeholders.
- Training on RTI/STI, VAW, Infection Prevention and other RH Services
- Training on Essential Newborn Care

Component 3: Procurement

- DDS kits, RTI/STDs drugs, drugs for conducting safe delivery and other essential drugs; such as Tab.Misoprostol, Inj.Mag.Sulf.
- Micronutrients Powder (MNP);
- Hospital equipments, surgical instruments and MSR such as MR kit, MVA kit, BP machine Stethoscope, weight machine;
- Service procurement for consultancy, maintenance of hospital equipments etc;
- Printing and Publications of different types of forms, registers and IEC materials.

Component 4: Repair and Renovation and functioning of service centers

- Functioning of newly constructed one 200 bed MCRH service based hospital in the Dhaka City Corporation area.
- Functioning of newly constructed two MCWCs at district level (Gazipur and Sariatpur) and 366 UH&FWC at union level.
- Upgradation and Repair/Renovation of UH&FWCs for Obstetric First Aid/Basic EOC Construction works will be done through Physical Facilities Development Operation Plan

10.2 Implementation of priority activities:

The three-pronged strategies to accomplish the MDG 5 goal are:

- All pregnant women have access to skilled care at the time of birth
- All those with complications have timely access to quality emergency obstetric care
- All women have the access to the Reproductive Health Care services

Safe Motherhood along with most of the RH activities is delivered through the Directorate General of Family Planning having the widespread covering of infrastructure and services up to the household level. At present, some around 275 million couples are registered in the FWA register book at the community level. The priority activities in this operation plan intend to spread its service coverage both in urban and rural areas.

Woman in pregnancy must receive Ante natal Care at least four visit through the trained service providers Doctors, FWV, CSBA at different level of service delivery point. Here all pregnant woman must be registered and have definite birth planning for the conduction of delivery. Those who want to deliver her baby at home must receive two Tab. Misoprostol after 32 weeks of pregnancy to take it right after delivery and those who want to deliver her baby at facility must receive Active Management of Third Stage of Labour. Pregnant woman who develop Toxemia of Pregnancy must receive one dose of Inj. Magsulph and quick referral to EOC service delivery centers.

10.2.i. MC-RAH Services including Comprehensive Emergency Obstetric Care (EOC) services through MCWCs:

At present 70 MCWCs (District-60, Upazila-8 and Union-2) have been providing (i) EOC services (Caesarian operation; management of ruptured uterus, ectopic pregnancy, PPH, and eclampsia; repair of perenial tear upto 3rd degree, assisted vaginal delivery, removal of retained placenta etc.) 24/7 days, (ii) other safe motherhood services (ANC, safe delivery, PNC, MR and Post Abortion Care (PAC), Primary screening for Cervical cancer through VIA method and Breast cancer screening etc. (iii) Family Planning services (VSC, Implant, IUD, Injectables, oral pill, condom, counseling and management on infertility), (iv) Newborn care, Child health care (EPI, management of ARI/pneumonia, diarrhoea, protein energy malnutrition (PEM), fever etc through IMCI approach, growth monitoring, limited curative care, deworming etc.), and (v) Syndromic management and counseling of RTI/STD, reproductive health care services for women, men including adolescents. Besides these services, limited curative cares for women are also being provided. In addition to these 70 MCWCs, two more MCWCs (Gazipur and Sariatpur) will be constructed during this period. These 2 MCWCs will be operationalized for providing Comprehensive EOC and Reproductive-Adolescent services which would make a total of 72 centers. All of these existing and newly constructed MCWCs will be further strengthened in terms of increasing scope of services and performances as below:

***Expansion of bed capacity*:** It was planned to upgrade 60 MCWCs from the existing bed capacity of 10 to 20 under the last HNPSP period. All of these 60 MCWCs has already been expanded to 20 beds and started functioning.

- ***Proposed new construction of MCWCs*:** 14 new MCWCs were scheduled to be constructed during this operation plan period (Including Re-construction of MCWCs at Sunamgonj, Moulovibazar & Lalmonirhat). Planning unit of DGFP will monitor the construction process. Necessary equipment/instrument, clinic furniture for full functioning of the service center will be provided through this OP.

- ***Introducing new generation of RH services*:** In addition to existing EOC-RH services, new generation of services, such as, adolescent friendly services in MCWCs, management of VAW in MCWCs, male friendly services in MCWCs, primary screening for cervical cancer in 62 MCWCs through VIA, and developing 62 MCWCs as training centres for CSBA .

- **Blood transfusion** facilities will be established in EOC-MCWCs by phases. It was planned to start in HNPSP period but due to many constrains, blood transfusion facilities can not be ensured at MCWCs. With the functional coordination through District Hospitals under DGHS, the services of medical technologist can be utilized in MCWCs to ensure blood transfusion facilities.

- ***User Friendly Services*:** All MCWCs have been declared as women and baby friendly and would be adolescent friendly in phases. The term women and baby friendly is meant a place where women and baby will be model service recipient from whom community people can able to know about the standard of care. All MCWCs will be made Adolescent Friendly through allocating a corner for the services adolescents need.

With these measures, availability of and access to Comprehensive and Basic EOC services will be expanded and there will be impact on reduction of MMR and Neonatal and Infant mortality.

***10.2.ii Strengthening Upazilla MCH-FP Sadar Clinic*:** At present there are 427 MCH-FP clinic at upazilla level for providing MC-RAH services. These services should be brought in other upazillas in phase to cover 483 upazilla. Apart from the existing service delivery, Post Abortion Care and Visual Inspection of Cervix through Acetic Acid (VIA) and CBE to screen woman are new RH program activities will be ensured. Besides Upazilla Family Planning Office will be the prime place for cascade training program of many Reproductive and Adolescent as well as Maternal Health program activities.

***10.2.iii Upgradation of UH&FWCs*:** At present there are 3827 constructed UH&FWCs at the union level providing services to 25,000 to 30,000 population. Out of these already 1441UH&FWCs have been functionally upgraded through equipping, furnishing and minor renovation including provision of skill-mixed manpower in phases and rest will be upgraded in phases. To increase the institutional delivery at community level and early detection of complications and referral to higher centers, services such as Safe delivery, Obstetric First Aid (administering parental Oxytocic drugs, Antibiotics, Sedative/Anticonvulsants and referral) as well as basic EOC services are ensured through these UH&FWCs. Midwifery trained FWVs has been posted to those upgraded centres. They will work round the clock for providing Safe delivery along with Active Management of Third Stage of Labour (AMTSL), New-born care with referrals in addition to normal ongoing MCH-RH-FP services. Apart from the existing service delivery, Post Abortion Care and Visual Inspection of Cervix through Acetic Acid (VIA) and CBE to screen woman are new RH program activities will be ensured. At present there are 250 posts of Medical Officers (FW) in UH& FWCs. Basic EOC (Obstetric First Aid plus provision of manual removal of retained placenta and assisted vaginal delivery using vacuum extractor i.e. ventose) will be provided in those UH&FWCs where trained Medical Officers are posted. Limited curative care will also be provided to men and women through these UH&FWCs. For this, required extension/renovation works with two additional rooms (delivery and recovery rooms with two beds capacity and toilet facilities) in each of 1441

UH&FWCs have been completed by CMMU. The remaining all UH&FWCs will be converted to upgraded centers during this operation planned period in phases to make the centers functional.

For this ongoing upgradation activities, following items are continued to be procured/ arranged and supplied in each of UH& FWCs.

- ***Supply of necessary equipment/ instrument*:** Baby weighing scale, saline stand, BP machine, Stethoscope, Labour table, Iron cot, Bedside locker etc.

- ***Other equipment/instrument*** such as Autoclave, Oxygen cylinder with therapy set, sucker machine, dressing drum, instrument trolley etc will also be supplied.

- ***Drug and MSR*:** Essential drugs for conduction of normal delivery and emergency drugs should be made available there.

With this improved service provision available close to the door-steps rendered by MCH-FP staff, there will be impact on the reduction of MMR and IMR.

***10.2.iv. Services through the Community Clinics*:** Primary care for every six thousand population has been started through the community clinics. Government has already started functioning in more than ten thousand community clinics. The service provisions from DGFP are to provide ANC, PNC and under five child care along with Contraceptive supply to the eligible couples by FWA within the respective community.

Family Welfare Visitor from the UH&FWC conduct the satellite clinic in the community clinic and ANC, PNC and other Reproductive Health related services are provided by her. For these activities provision of DDS kits and other RTI/STI drugs are to be ensured.

To ensure primary care in the community under the single umbrella, combined service provision is proposed where FWA will work on three alternate days along with Health Assistant in the community clinic. The Community Clinic would be linked up with UH&FWC and UHC and refer clients/patients to those centers.

***10.2.v. Services to community pregnant mother through CSBA, FWA*:** Registration of all pregnant mothers at the community along with their emergency cell phone number will be collected and reported regularly. Tab. Misoprostol to be distributed to all pregnant mothers after 32 weeks of LMP to be used immediately after delivery of the baby except twin pregnancy to prevent the Post Partum Hemorrhage (PPH) in case of home delivery.

10.2.vi. Assuring availability of essential commodities:

To ensure availability of essential commodities to meet the performance requirement for safe motherhood services, safe MR services, child health services, adolescent health services with RTI/STD and general patient cares; adequate quantities of Drugs, expendable and nonexpendable MSR, Surgical apparels, other equipments etc will be procured through this OP. Projected target of services, present stock balance, quantity under pipe line, quantity to be replaced for old items and adequate buffer has been taken into consideration in preparation of need assessments. Need assessments will be processed by LD (MC& RH). Logistic and Supply unit of DGFP will perform the job of both offshore and major national procurement of essential commodities.
Besides this, provision for local procurement of emergency and essential Drugs and MSRs for EOC and delivery services at upazilla level, has also been proposed as part of decentralization of procurement. Budget provision has been kept and local level managers will procure locally as per need following existing rules and regulation. Following essential commodities will be procured and supplied:

- ***Procurement of DDS-kits*:** Required medicines in the form of DDS-kits will be procured with stock-security to be used in MCWCs, MCH-FP units of UHCs, UH&FWCs, Satellite clinics, MCHTI, MFSTC and urban city corporation and municipality working areas under DGFP etc. Total Tk. 41690.00 lakh for procurement of 4,80,000 DDS-kits has been proposed in this OP. For this, funds have been kept in both GOB (Dev.) and RPA component.
- ***Procurement of loose medicine*:** Drugs for providing normal delivery and EOC services to the service centers such as Inj. Oxytocin, anesthetic and other related drugs will be procured. For this, total Tk. 6200.00 lakh in both GOB (Dev.) and DPA are kept for operation planned period.
- ***BP machine and Stethoscope and other essentials*:** For proper patients' examination and follow up care, BP machine and stethoscope are essential medical tools. In this operation plan 10,000 pcs of BP machine, 10,000 pcs of stethoscope are planned to procure from 2011 to 2016. These will be used by all level of service providers (Doctors, FWVs, SACMOs & CSBAs) working in all service centers.
- ***MR kits and MVA kits*:** For ensuring safe MR services, MR syringe and cannula are essential to reduce maternal mortality and morbidity. 50,000 MR kit will be procured throughout the whole tenure of this OP. 50 MR cases can be performed by one MR syringe. Disposable MR canula will be introduced in the MR program for safe MR services
- Many women of reproductive age are the victims of abortion either spontaneous or induced. They need post abortion care which is life saving for them. Post Abortion Care (PAC) services from the MCWCs will be strengthen through training and supply of logistics and limited PAC services will also be expanded to Upazilla and UH&FWC level. Here strong referral services will be ensured from the primary care level to tertiary care level. For this purpose, provision has been kept for procurement of 1000 MVA plus kit for the whole planned period of this OP.
- ***Provision of Screen*:** Privacy of the clients is essential for providing different types of MC-RAH services in the service centres. Considering this important fact, screen for door and windows of service centers will be procured through this planned OP.

- ***Expendable Drugs, MSR, Linens, Surgical apparel*:** Provision for emergency drugs and MSR for EOC-RH services including safe delivery in MCWCs, MCHTI, MCHTRI, MFSTC and upgraded UH & FWCs has been kept in this OP. For providing services for adolescents and for treatment of RTI/STI cases provision for required drugs has also been proposed. Besides diagnostic reagents and other related drugs for Fertility care services from MFSTC will be procured.

- ***Hospital Equipment and instrument for EOC services*:** Moreover, for strengthening EOC-RH services of MCWCs, Hospital Equipment and Instruments (Anesthesia machine, OT light, OT table, labour table, Diathermy, Generator, A/C, sucker machine, instrument trolley, Ventose etc) will be procured. Some essential machinery and equipment are necessary to procure for Fertility care services.

10.2.vii. Printing and supply of Forms, Cards, Registers, Logbook etc:

For record keeping and monitoring and evaluation purpose of program activities different kinds of forms and registers, cards, are required for all the service centers:

- Registers for: ANC, Delivery care, Child health care, Adolescent health care, health education, for C-section operation, MR services, General patient care, Patient Admission register etc,
- Cards for: ANC, PNC, Growth monitoring of children
- Birth Certificates and Discharge certificates
- Forms for: Admission and follow up etc to be used in MCWCs, MCH-Units of UHCs and UH&FWC

***10.2.viii. Security and cleaning services at the service centers*:**

All existing 70 EOC-RH services providing 24/7 Comprehensive EOC services at MCWCs (60 at District level, 8 at Upazila level and 2 at Union level), MCHTI and MFSTC require cleaning and security services. For these services present staff strength are only for one shift duty only. To maintain 24 hours security services, Ansar/Security Guard and cleaner will be deployed there through out-sourcing. Budgetary provision for this is kept in OP for the plan period. Money will be sanctioned to the service centers for cleaning purposes.

***10.2.ix. Increasing Coverage of Conducting Safe Deliveries at the community level by providing training and deployment of Skilled personnel*:** In order to increase coverage of safe delivery conducted both at home and facilities, and to meet need of EOC (Obstetric first Aid and identification 'at risk' pregnancy and referral) at the community level, six months skill based practical training on Midwifery for FWVs and Community-based Skilled Birth Attendant (CSBA) training for FWAs and female HAs have already been started separately under TA of UNFPA and WHO with technical assistance from OGSB. The training is going on and will continue throughout the planned period of this OP 2011-2016.

***10.2.x. To arrange Displaying list of available Services*:** Provision will be made for displaying the list of available services and facilities, office timing etc in a display board at all service centres viz. MCHTI, MFSTC, MCWCs, MCH unit of Upazila Health Complexes (UHC) and UH& FWCs. It will create awareness among the service recipients in the community and accountability of the service providers will also be ensured. It will help to increase the utilization of service centres.

10.2.xi. Management and maintenance cost of Head Quarter (H/Q) office: Provision of management costs for H/Q office i.e. stationeries, furniture, utility costs (T&T, WASA, electricity, etc.), office equipment, computer consumables, postages, photo-copying, repair and maintenance of office equipment including photocopiers, duplicating machines, Spiral binding machine, Paper cutter etc has been proposed in this OP. Inter-computer LAN connection will be required within the office. One Fax machine will also be connected to H/Q office.

10.2.xii. Management and maintenance cost for MCWCs: Provision of recurrent expenditure for MCWC office and clinic maintenance and management (utility cost, office/clinic stationary, local taxes, generator and AC maintenance, etc) for 70 MCWCs has been kept in this OP under GOB budget. This budget will be allocated to local managers/Medical Officer (Clinic/MCH-FP).

***10.2.xiii. Provision of House Rent for MCWCs*:** Provision of renting of one or more MCWCs in case of reconstruction of old building and where no MCWCs are in place.

10.2.xiv. Implementation of Adolescent Health Strategy Action Plan: In Bangladesh, adolescents are recognized as those who fall in the age group 10-19 years and constitute about 23% of the total population. About 50% of all 15-19 year-old females are married. 30% of the adolescent girls are already mothers and another 5% are pregnant with their first child. The mean interval between marriage and first birth is 13 months. So, teenage fertility is still very high (144/1000 female among 15-19 yrs age group). Adolescents are at increasing risk of unwanted pregnancies and contracting STDs, including HIV/AIDS. Adolescents are the vital socio-demographic segment of population regarding fertility control. According to WHO, girls under 18 yrs are up to five times more likely to die during childbirth than women in their twenties (WHO, 1998). Adolescents appear to be poorly informed regarding their own physical well-being, their health, and their bodies. Whatever knowledge they have, is incomplete and confused. Low rate of education attainment, limited sex education, and inhibited atitudes towards sex attenuate this ignorance.

In view of the above**,** the Government of Bangladesh has identified adolescent health and education both as a priority and challenge. In order to face the challenge, Adolescent Health

has been incorporated as a priority reproductive health component and to be implemented through the Operational Plan of MC& RAH Services Delivery Programme.

A National Strategy for Adolescent Health along with Action Plan has been developed by involving all concerned stakeholders and programme will start accordingly with the training of service providers, logistic supply, making service centers adolescent friendly and

10.2.xv. ***Maintenance of Ambulances and vehicles*****:** Maintenance costs (for POL, repair, registration etc.) for existing 65 Ambulances of MCWCs, and 15 Jeeps/micro bus/pickup/Ambulance for H/Q and MCHTI, MFSTC will be met through this OP. For maintenance of ambulance and vehicles provision of Tk. 1107.50 lakh has been proposed.

10.2.xvi. Emergency Contraceptive Pill (ECP**):** In Bangladesh, about 1.3 million pregnancies (33%) are unplanned each year. Nearly 42% of couples do not use any contraceptive methods, while 10.8% couples use traditional FP methods and 17% have unmet need. Approximately 7300 maternal deaths occur each year due to pregnancy related complications while estimates suggest that 2500 women die due to abortion related complications. Much of this suffering could be averted if women knew about, and had access to emergency contraception, that will provide women a chance to avoid unintended pregnancies if unprotected intercourse occurs. Besides, it could also reduce the incidence of abortion and its adverse health consequences.

Considering ECP as a back up support to the Family Planning method, it should be distributed to the eligible couples who need it by Family Welfare Assistant (FWA) free of charge and this EC pill will be procured under DPA budget.

10.2.xvii. Provision for Pay and Allowances**:** Provision for Pay and allowances for existing 77 post under development budget has been kept in this OP. In the previous OP total 348 post were there in development budget from which 271 post were subsequently transferred to revenue budget. The remaining 77 post will be expected to be incorporated in the revenue budget during the tenure of this OP.

10.2.xviii. Intensify organization of Satellite clinics: For revitalization of service delivery provision through Satellite clinics (to be organized 8 satellite clinics in each union per month and also at urban slums and hard-to-reach areas), appropriate logistics support is essential. Therefore, required drugs (DDS-kits and also loose drugs), MSR, Registers, Baby and Bath room type weighing machine for measuring weight of baby and mothers, contraceptives, MSR, registers, equipment etc will be provided.

10.2.xix. Functional Coordination**:** Maternal, Child and Reproductive Health services programme will be implemented jointly by both Directorate General of Family Planning and Directorate General of Health Services (DGHS) under the Ministry of Health and Family Welfare. Therefore, effective close collaboration and linkage with similar programs of DGHS (EPI, IMCI, and EOC etc) as well as the MNCAH and ESD operation plan has to be established and functionally integrated. The term functional integration is the coordinated joint efforts of both the Directorate to implement Maternal, Neonatal, Child, Adolescent, Reproductive Health and Nutritional services.

10.2.xx. ***Activities as per MOH&FW's Gender Equity Strategy*****:** To improve maternal health outcomes among the poor and rural women, to combat gender discrimination against girls in relation to health care and to improve the access of adolescent girls and boys to RH health care, the following activities has been addressed through this OP:

- Training and deployment of Community-based Skilled Birth Attendants (CSBA). By September 2011,6402 FWAs and FeHAs have been completed CSBA training Each year about 1,200 staff will be trained as CSBA.
- Upgrading of 3827 UH& FWCs as User's friendly close-to-users upto 2016
- Implementation of Adolescent Health Strategy action plan

10.2.xxi. IEC activities:

Community awareness program is one of the major activities of creating demand for the services under this operation plan. For each of the program activities, definite IEC should be developed to run the program efficiently.

10.2.xxii. Demand Generation and Pay for Performance:

Creating demand for the services is one of the critical components of program activities. To overcome the demand side barriers in Maternal Health reimbursement of transport expenditure with other incidentals, each pregnant woman is provided with the expended money for the institutional delivery and some portion is allocated for the referral to the service centers. To encourage the service providers, pay for performances for the conduction of ANC, PNC and normal delivery at facility and cesarean section operation.

10.2.xxiii. Primary Sampling Unit:

Continuous monitoring and evaluation of all program activities under MC-RAH operation plan will be done through establishment of Primary Sampling Unit (PSU). It will be established at the upazilla level, taking two selected union from each upazilla covering all seven divisions.

10.2.xxiv. Automation of Institutional services and Training and Program activities:

Services from the different Institutions will be automated to ensure integrated and quality of care and also effective follow up and referral. This automation will strengthen the reporting system and able to coordinate many MC-RAH program activities.

Initially services and training and different program activities from Maternal and Child Health Training Institute (MCHTI), Azimpur and Mohammedpur Fertility Services and Training Centers (MFSTC), Mohammedpur, Dhaka will be automated with the MCH-Services unit. Subsequently services from all the Mother and Child Welfare Centers (MCWC) will be brought under automation with the MCH-Services unit in phases.

10.2.xxv. Development partners supported activities:

UN organizations along with other development partners work closely with the Government to support and strengthen different activities for the achievement of MDG goals. In the MC-RAH operation plan some of the activities are carried over from the previous sector program to further strengthen and scale up of program activities and some new areas are identified to provide support particularly focused to the woman, children and the vulnerable to attain the MDG 4 and 5. In MCRAH Operation Plan budgetary allocation of TK 29491.00 Lakh has been kept as Direct Project Aid (DPA). Following are the development partners provide support to the MC-RAH program activities.

(a). Accelerating Progress towards Maternal and Neonatal Mortality and Morbidity Reduction (MNH Project):

The Government of Bangladesh has reiterated its commitment in reduction of maternal and neonatal mortality through its various strategic policy documents. While Bangladesh has made significant progress towards achievement of MDGs for mother and neonate survival, formidable challenges still lie ahead. UNFPA/UNICEF/WHO, with financial support from DFID and EC and recently CIDA, has jointly designed this project to assist the GOB to accelerate progress towards reduction of maternal and neonatal mortality and morbidity.

Project Goal: The overall goal of the project is to contribute to the HPNSDP objectives of reduction of maternal and neonatal mortality and morbidity, with emphasis on equity issues to achieve MDGs 4 and 5.

Project Purpose: Improved community maternal and neonatal health (MNH) practices and utilization of quality MNH services, particularly among the poor and excluded.

Project Outputs: The project will achieve the following outputs: District and sub-district health MNH plans implemented and monitored by Health and Family Planning Management Teams with the participation of communities.

- Districts and sub-district health MNH plans through Local Level Planning (LLP) with the participation of service providers, recipients, social leaders, NGOs and community people.
- Increased availability and access to sustained quality continuum of MNH care and services.
- Women empowered to uphold and claim their rights to optimal maternal care and ensure survival rights of their newborns.
- Community support groups participate in management of MNH services and facilitate women's access to MNH care.

Project Management Arrangements and Implementation Strategy

The Project will be implemented under the ongoing sector-wide approach. The operational details, including financial projections, will be reflected in the Operational Plans of Line Director, MNCH, DGHS, and the Line Director MCRAH, DGFP, and implemented as a comprehensive plan. The project will also be monitored during the Annual Program Reviews of the HPNSDP planned at the beginning of every year to define achievements and assess alignment with the sector programme. The review will involve collection, collation and analysis of generated data within the health delivery system of the intervention districts.

UNFPA will be the lead agency and will coordinate all project activities including reporting, financial and programme accountability. UNFPA, UNICEF and WHO will perform all the activities under DPA execution including selection of NGOs/agencies.

UN Agencies (UNFPA, WHO & UNICEF) with the guidance of the Accelerating Progress towards Maternal and Neonatal Mortality and Morbidity Reduction Project Steering Committee, Technical Appraisal Committee, Technical Working Group and UN Agency Project Coordination Committee will implement the project.

Considering the success of the ongoing program, the project will be scaled up to another six districts in the country through this OP.

(b) Nutrition services through Directorate General of Family Planning:

In accordance with the strategic decision of mainstreaming nutrition through the Directorate General of Family Planning, priority nutrition services will be delivered to the young children and mothers both at facility and community level. The services will include infant and young child feeding counseling; prevention and control of anaemia in children, pregnant and lactating women; growth monitoring and promotion; behavioral change communication on nutrition; micronutrient supplementation and service related trainings and others.

The prevalence of childhood malnutrition in Bangladesh is one of the highest in the world; about 43 of under-5 children are stunted, 41 % have underweight and about 17% have moderate to severe wasting. The high levels of malnutrition among young Bangladeshi children can be attributed to both intrauterine growth retardation and postnatal growth faltering. The latter has been associated with low micronutrient content of complementary foods in many disadvantaged populations. Poor nutrition during the initial formative years of lives has both short and long term consequences. Short term consequences include significant morbidity and mortality and delayed physical and mental development. Long term consequences include impaired intellectual performance, reduced work and productive capacity, and increased risk of chronic diseases.

Appropriate infant and young child feeding is the determinant of nutritional status in children. In Bangladesh, although breastfeeding is universal, early initiation and exclusive breastfeeding status

are far below optimum. Complementary feeding is a further complex issue with gaps in frequency, diversity and minimum acceptable diet.
Anemia is a major public health issue especially in children because of its consequence in both mental and physical development. Although common in all age groups, it is most commonly prevalent among children, adolescent girls and women in Bangladesh. Results of a survey published in 2004 revealed extremely high levels (92%) of anemia among infants aged 6-11 months in the country. The same survey showed an anemia prevalence of 68% among preschool children. Intervention for the prevention of childhood anaemia is almost absent in the country. Now availability of pediatric iron supplementation in the form of multiple micronutrient powder (MNP) created an opportunity to fortify home based complementary food.

A package of infant and young child feeding counseling and prevention of anaemia in children aged 6-23 month through MNP supplementation will be implemented in selected upazilas to test operational effectiveness. Collaboration with UNICEF, other development partners and technical agencies will be undertaken. Based on lesson learned, national scale up will be implemented.

Objectives:

1. To improve infant and young child feeding practices including early initiation, exclusive breastfeeding, and complementary feeding in terms of timely introduction, frequency, diversity and adequacy.
2. Reduction of anaemia in children aged 6-23 months.

Budget In lakh taka

	Activity	***2011-12***	***2012-13***	***2013-14***	***2014-15***	***2015-16***	***Total***
1	Supplies (including CD/VAT)	300.00	400.00	500.00	600.00	700.00	2500.00
2	Training	50.00	70.00	90.00	110.00	130.00	450.00
3	IEC	20.00	30.00	40.00	50.00	60.00	200.00
4	Monitoring and evaluation	10.00	20.00	30.00	40.00	50.00	150.00
	Total	380.00	520.00	660.00	800.00	940.00	3300.00

(c). Ensuring equitable access to good quality sexual and Reproductive health services WHO BIENNIUM 2011-2013:

Under this assistance guidelines, approaches and tools made available, with provision of technical support to member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and repro ductive health. 1. Norms, standards and guidelines for improving key RH services regularly updated: programmes to improve access to and quality of RH services designed, with special attention to the poor and disadvantaged populations; and integration of key RH services with relevant programmes strengthened in coordination and partnership with development partners. Technical and logistic support provided for improved equitable access to services for the prevention of unsafe abortion through strengthening the Menstrual Regulation (MR) services in both rural and urban areas of selected district.

(d). Reproductive Health Interventions Through DGFP supported by UNFPA:

The project aim of 7th Country Cycle program of strengthening service delivery capacity of MCWC will end in December 2011. MC-RH service activities are much strengthens through this country program of UNFPA. Major activities of strengthening services, Training/orientation, Procurement and BCC activities are completed.

Support to the ongoing program activities particularly in training, procurement and BCC activities and relevant MC-RAH part of the next Country Cycle Program of UNFPA to achieve MDG 4 and 5 goals and targets deemed to be the part of this Operation Plan under the budgetary provision of DPA. The allocated fund for MC-RAH activities of 8th Country Cycle Program is US $ 6,500,000.

(e). Safe Motherhood Promotion Project – II

1. Project Title:

Safe Motherhood Promotion Project – II (SMPP-II)

2. Outline of the project:

1. **Overall goal:** Maternal and neonatal health status is improved in Bangladesh

2. **Project purpose:** The approaches to improve MNH service quality and utilization in align with Health, Population, and Nutrition Sector Development Program (HPNSDP) are expanded in Bangladesh.

3. Implementation schedule:

July 2011 to June 2016

4. Outputs and Activities:

4.1 Function of the coordination platform of MNH activities among stakeholders is enhanced at national level

- Finalize the Terms of Reference (TOR) of MNCH forum Improved
- Define the national MNCH minimum package and approaches by relevant stakeholders in a collective manner
- Operationalize the implementation of MNCH minimum package and the approaches by making/revising guidelines and manuals
- Formulate M&E systems for the national MNCH minimum package and the approaches introduced by stakeholders
- Facilitate mutual learning among stakeholders through MNCH forum

4.2 Process of good practices and lessons learnt extracted from the Project are disseminated in the country.

- Analyze and document the process and results in Narsingdi and Chowgacha to identify issues constraining a further improvement of utilization and quality of MNH services
- Develop new interventions for improvement of MNH services utilization and quality in Narsingdi and Chowgacha
- Conduct baseline and end-line surveys in Narsingdi and Chowgacha
- Implement new interventions in Narsingdi and Chowgacha
- Monitor & evaluate the results and process of implementation with new interventions in Narsingdi and Chowgacha
- Formulate training programs based on the extracted good practices and lessons learnt.
- Share the processes of good practices and lessons learnt utilizing the Project sites as learning centers and through the Horizontal Learning Program
- Reflect the experiences gained in the Project sites into the training program used in the learning centers

4.3 Appropriate and replicable local implementation mechanisms of MNCH minimum package and approaches under UHS are defined

- Plan trials (resource mapping, TOT for master trainers, study tours, local planning, etc.) in some target Upazilas to find out appropriate and replicable implementation mechanisms for MNCH minimum package and approaches using available local resources.
- Implement baseline survey and end-line survey
- Implement trials
- Monitor and evaluate the trials
- Feedback the results and process of trials to the national trainings and implementation tools

4.4 Inputs from Japanese government:

- Technical assistance (long term and short term experts)
- Training (inside and outside of Bangladesh)
- Provision of equipment

4.5 Inputs from Bangladesh government:

- Assignment of counterpart
- Human resources allocation in the project districts
- Allocation of budget for LLP
- Space for project office (both at central level and district)

4.6 Project activities related to MCRH (DGFP):

SMPP-II will have activities in the different levels. At national level main activities will be support to MNCH forum. The MNCH Forum will coordinate relevant MoHFW officers, Development Partners, NGOs and other stakeholders to have maximum effect in improvement of MNCH situation in Bangladesh. The information and experiences of MNCH related projects, initiatives, and studies will be shared in the MNCH forum. The SMPP-II facilitates coordination from the DP side to have effective function of MNCH Forum.

At the District level, SMPP-II will work closely with all the public hospitals including MCWC to improve the availability and quality of MNCH services. Based on the hospital assessment, there will be action plan developed, implemented, and monitored by hospital staff in collaboration with local authorities and community representatives. Considering local needs, MNCH related trainings will be provided by the project to FP officials and staffs. SMPP-II will support FP program in the field through taking a part in FP campaign throughout the year. FP permanent method will be encouraged by the Project with targeted groups.

Community Clinic will be reactivated through capacity development of service providers (including FWA & FWV) and develop a linkage with Local Government bodies and community groups. SMPP-II will consider the feasibility of setting up delivery room in the CC if the situation allows. Private CSBAs will be trained in the remote areas where the number of GoB service providers is in a shortage.

4.7 Location of the project:

The project will be implemented in 3 districts: Satkhira, Jessore, and Narsingdi

4.8 Estimated cost of the project:

Approximately 35.00 Crore TK for 5 years (equivalent 500 million yen)

4.9 Outline of implementation:

Responsible agency will be the MOHFW. Implementing agency will be the DGHS and DGFP. JICA Bangladesh is a technical partner for project implementation.

4.10 Beneficiaries:

- Pregnant, post-partum women and neonates
- Government staff
- Community in general

(f) Safe Motherhood Campaign Action Plan

The global campaign to reduce maternal mortality was launched in February, 1987, through the international Safe Motherhood Conference in Nairobi, Kenya. The event aimed to raise awareness about the huge number of women dying each year from complications of pregnancy and childbirth, and to take the challenge by the world to do something. Meanwhile ICPD in 1994, firmly encored Safe Motherhood as a core component of reproductive health. The importance of maternal survival was reinforced in 2000, when it was included as one of the eight Millennium Development Goals declared by the United Nations.

The challenge of reducing maternal mortality (MMR) is increasingly being addressed by national, regional and area-based efforts to improve access to emergency obstetrict care services. Improving coverage and quality of skilled attendance at birth is also being increasingly emphasized. After two decades starting of the Safe Motherhood Initiative in 1987 there is no evidence that maternal mortality has declined significantly. One major reason for this disappointing record is that the initiative lacks clear, concise, feasible strategies.

It is generally recognized that antenatal care alone in itself can only contribute a limited extent to reduce maternal mortality, which require many other related interventions such as birth planning to make a quality ANC care. Postnatal care is another neglected area and should receive much more attention as most maternal deaths in fact happen during this period. Misoprostol given orally has also been recently compared to IM oxytocin use for the active management of the third stage of labour. Oral misoprostol appears to be a good alternative when unsafe injection is a problem. In eclampsia management, the access to and use of magnesium sulphate is gaining ground, and establish its role in cases of severe preeclampsia management.

Skill attendance at the time of birth and facility based well equipped EOC services remain underutilized due to variety of reasons. Community mobilization to increase utilization of available services may be beneficial. Five prioritized Technical interventions areas are identified by the GOB program personnel, NGOs, DPs and other stakeholders to address this long sustained issue to reach the MDG 5 by 2015.

The five priotized technical interventions areas are:

1. ANC including Birth Planning
2. Use of Partograph and AMTSL at the facility and community level
3. Use of Misoprostol at the community level
4. Management of pre-eclampsia and eclampsia
5. Post-natal care, Immediate Newborn care and Post partum Family Planning

These prioritized technical interventions will be implemented through DGFP and DGHS under some short, intermediate and long term activities. Each of the technical interventions will be modulated in five thematic domains:

1. Service delivery
2. Capacity building
3. Co-ordination, Monitoring, Supervision and Evaluation
4. Public awareness
5. Policy and advocacy

Reducing maternal mortality requires coordinated efforts among different stakeholders to strengthen the health care system. This process takes time, and must incorporate newer technical interventions to be integrated into existing system and care given to women before, during and after pregnancy, inside and outside the health system, reflects the relative value a society accords to women.

(g) Adolescent Reproductive Health under CIDA assistance:

'Strengthening Adolescent Reproductive Health in Bangladesh' is a five – year project funded by CIDA (Canadian International Development Agency) and implemented by Plan International.

Goal of the project : The goal of the project is to improve reproductive health of poor, vulnerable and underserved adolescents in the selected areas of Bangladesh and to increase their access to services.

The purpose is to develop capacity at the social health provider and policy levels to meet the reproductive health needs of adolescents in selected areas of Bangladesh through partnership with Government, UN agencies, NGOs and communities, in accordance with the *National Adolescent Reproductive Health Strategy*.

The project will complement implementation of the national ARH strategy as part of the operational plan of the MOH for the same.

In the selected project areas, partnerships will be developed with GO, NGO and Community representatives and their capacity to address reproductive health needs of adolescents will be strengthened. Such needs encompass physical, emotional, mental and social aspects of Adolescents life.

The estimated population of all intervention area are 700,00 among this includes 200,000 adolescents irrespective of sex, school enrolment, marital status, rural/urban and ethic/tribal races. The rest 500,000 populations are stakeholders, such as parents, community leaders, religious leaders, school teachers, government officials and government health service providers etc.

The project is implemented by reputed seven national NGOs called as partners: Concerned Women for Family Development- CWFD; Dushtha Shasthya Kendra- DSK; Lutheran Aid and Medicine in Bangladesh- LAMB; Marie Stopes Bangladesh-MSB;Population Services and Training Center-PSTC; Radda MCH-FP Centre; Young Power in Social Action- YPSA.

Implementing sites:

District	**Name of Upazilas**	**Name of the new areas (unions/wards)**	**Name existing project areas(Unions / wards**	**Partner NGOs working with ARH**
Lalmonirhat	Hatibandha	1. Borokhata	1.Nawdabash	Concerend Women For Family Development (CWFD)
			2.Gutamare	
Nilphamari	Jaldhaka	1. Mirgonj	3.Kathali	CWFD
		2. Balagram	4.Jaldhaka	
Gazipur	Sreepur	1. Goshingya	5.Rajabari	Dustha Shastho Kendra (DSK)
		2. Rajabari	6.Proladpur	
Dinajpur	Chirirbandar	1. Saitara	7.Nashratpur	Lutheran Aid Medicine Bagladesh (LAMB)
		2. Alokdihi	8.Shatnala	
			9.Tetulia	

Dinajpur	Khanshama	1.Angarpara	10.Khanshamapara	LAMB
		2. Bherberi	11.Bhabkey	
		3. Alokjhari	12.Goaldehi	
Dhaka	Dhaka City Mohammadpur	1. Ward# 43	13.Ward # 42	Marie Stopes Bangladesh (MSB)
Chittagong	Chittagong City Halishahar	1.Ward# 26	14.Ward # 11	MSB
Dhaka	Dhaka City Dhalpur Sayadabad	1. Ward# 75	15.Ward # 83	Population Services Training Centre (PSTC)
		2. Ward #77	16.Ward # 84	
			17.Ward # 85	
Dhaka	Dhaka City Bawniabad Mirpur	1. Ward# 3	18.Ward # 2	RADDA MCH FP Center
		2. Ward# 15	19.Ward # 5	
			20.Bawnaibad	
Chittagong	Shitakundu	1.Bashbaria	21.Kumira # 7	Youth in Power Social Action (YPSA)
		2. Muradpur	22. Broiar dhala #2	
			23.Municipality	

Major activities:

- ✧ Life skill training for the adolescents
- ✧ BCC session at community and workplace on ARH issues
- ✧ Orientation of local level government and non government organization's service providers on Adolescent Friendly Health Services (AFHS)
- ✧ Adolescent counseling corner in FWCs and adolescents corners in the community clubs and NGO clinics
- ✧ Training of the School teachers on ARH issues
- ✧ School session on ARH issues by the trained teachers
- ✧ Peer education and development of Peer Educators
- ✧ Orientation of stake holders on ARH issues (union parishad members, chairman, local elites, community leaders, religious leaders, guardians and parents)
- ✧ 'Adolescent Parenting' training for the parent
- ✧ Theatre for Development (TFD)- an interactive method of roadside drama on ARH issues
- ✧ Dissemination of National ARH strategy at national and local level
- ✧ Research and evaluation

The expected outcomes from the project are

1. Enhanced capacity of adolescents in target areas to make informed decisions regarding their reproductive health through a participatory approach;
2. Increase capacity of the adolescents to demand and obtain effective adolescent reproductive health service in the selected areas.
3. Successful implementation of the national ARH strategy within the HNPSP framework in target areas through partnership with Government and other stakeholders

Project duration and budget:

This is a five-year project with an estimated budget of US $3,718,100 to which CIDA will contribute US $3,352,500 and Plan International Canada (PIC) (formerly Foster Parents Plan) will contribute US $ 365,500. The contribution agreement of this project with CIDA was signed in 30th September 2007.

10.2.xxvi. GO-NGO collaborated activities:

Collaborative effort will be strengthen with the NGOs who work in the Maternal, Child, Adolescent and Reproductive Health field through this MC-RAH Operation Plan. DGFP will steward the program activities and reporting and monitoring will be ensured through joint effort. Capacity development of service providers, community awareness campaign and other IEC activities will be ensured through GO-NGO collaboration.

10.2.xxvii. Piloting new interventions and program activities:

Operation research and piloting of new program interventions to strengthen the Maternal, Neonatal, Adolescent and Reproductive Health service modalities will be done through this Operation Plan. ICDDR,B, Population Council, USAID supported Mayer Hashi project conducting some new interventions to strengthen the MC-RAH service provisions. Other International and National organizations those who signed MOU with the DGFP can also perform pilot study through this Operation Plan to strengthen the MCRAH service activities.

10.2.xxviii. Service Delivery and Training through MCHTI, Azimpur:

MCHTI, Azimpur, Dhaka is a service cum training centre. MCHTI has already been upgraded to 173 bedded hospitals with enough training facilities for Health and Family Planning service providers. Indoor bed facilities (173 beds), with adequate space for training of doctors and paramedics on MCH-FP services are available. MCHTI will work in close collaboration with Line Director (MC-RAH) to whom they will be responsible for delivery of MCH-FP services. Pay and allowances for manpower under development budget has already been transferred to revenue budget. Recurrent costs will be provided to MCHTI through this OP to meet essential and emergency expenditures especially for drugs and MSR and maintenance of equipment and instrument.

Services: Services include Outdoor, Indoor and Emergency services and also Comprehensive EOC services.

Care of the pregnant woman, Antenatal, Postnatal care

Normal delivery, assisted delivery and Cesarean Section operation

Neonatal and Child health care

Family Planning services

MR and Post abortion care

RTI/STI case management and other Reproductive Health care Services

Training: Training to the Family Welfare Visitors (FWV), SACMO, and other paramedical service provider on Maternal Health, Child and Adolescent Health and Reproductive Health care will be conducted. Some of the training of MC-RAH OP will be conducted from this training institute.

Provision of Intensive Care Unit (ICU)**:** Start new area of service delivery system through introduction of "Intensive care Services" to reduce the Maternal and Neonatal mortality. Intensive Care Unit can safe more lives critical to manage otherwise to be referred to other specialized hospitals. To ensure ICU services, minor renovation works along with installation of equipments and beds are necessary. There already exist post graduate doctors to work in ICU unit who either need to be placed or attached. Other supporting staffs such as Senior Staff Nurse and ward boy/sweeper are to be attached and employed through out sourcing. ICU with six beds are planned to operate initially and there should be three bed for the mothers and other three bed for the neonates.

10.2.xxix. Establishment of Maternal and Child Health Training and Research Institute (MCHTRI), Lalkuthi, Mirpur, Dhaka.

Population of Dhaka City has been increasing tremendously where around 3 million people live only in greater Mirpur area most of them are poor. To ensure Maternal, Child Health, Reproductive Health, Adolescent Health and Family Planning Services to the poor people specially the vulnerable group, a Maternal and Child Health Training and Research Institute (MCHTRI), will be established at Lalkuthi, Mirpur, Dhaka. Provision for establishment of MCHTRI, 200 bed hospital with indoor, outdoor, training and research facilities has been kept. A separate Development Project Proposal (DPP) has already been proposed to the Planning Ministry for the establishment of this centre. After completion of the construction work, necessary recurrent expenditures can be operated through this OP.

10.2.xxx. Mohammadpur Fertility Services and Training Centre (MFSTC), Dhaka:

It is a Service Cum National level Training Centre under the Directorate General of Family Planning. There is provision of 100 bed MCH hospital with Clinical Training facilities for Health and Family Planning Service Providers. Antenatal care, Delivery and Postnatal service are providing through this centre. All Family Planning and Safe motherhood Services including Comprehensive EOC and 24 hours emergency services are there in the centre. Salary and allowances of the total manpower (560) would be provided from the revenue budget. The essential expenditure for this center are from this OP.

To reduce the Maternal and Neonatal mortality, Intensive Care Unit can safe more lives critical to manage to be included in the service delivery provision. To ensure ICU services, minor renovation works along with installation of equipments and beds are necessary. Many post graduate doctors are there to work in ICU unit who either need to be placed or attached. Other supporting staffs such as Senior Staff Nurse and ward boy/sweeper are to be attached and employed through out sourcing.

Services: Services include Outdoor, Indoor and Emergency services and also Comprehensive EOC services.

- ✓ Care of the pregnant woman, Antenatal, Postnatal care
- ✓ Normal delivery, assisted delivery and Cesarean Section operation
- ✓ Neonatal and Child health care
- ✓ Family Planning services
- ✓ MR and Post abortion care
- ✓ RTI/STI case management and other Reproductive Health care Services
- ✓ Fertility Services and Treatment of Infertility

Training: Training to the Family Welfare Visitors (FWV), SACMO, and other paramedical service provider on Maternal Health, Child and Adolescent Health and Reproductive Health care will be conducted. Some of the training of MC-RAH OP will be conducted from this training institute.

10.2.xxxi. FWVTI, Dhaka and MCH unit, FWVTI, Rajshahi:

FWV, SACMO and other paramedical service providers will be trained from FWVTI, Dhaka on Maternal Health Care, Reproductive Health Care and Family Planning methods, RTI/STD case management and related service areas. Training facility and capacity of the training institute will strengthen through MC-RAH OP.

24/7 Comprehensive EOC services and Maternal, Child and Reproductive Health and also Family Planning Contraceptive services will be provided from MCH unit of FWVTI, Rajshahi. All the essential logistics support and recurrent expenditures will be supported from this Operation Plan. Gradually this unit will be developed as paramedical service providers training center.

11. Relevant Result Frame Work Indicators (s): Base line, Projected Target for the planned year:

11.1 Relevant PIP Indicators

Indicators	Base Value with Year	Target Mid-16
Maternal mortality ratio (per 100,000 live births)*	194, BMMS 2010	<143
Infant mortality rate (per 1000 live births)*	52 (BDHS 2007)	31
Neonatal mortality rate (per 1000 live births)*	37 (BDHS 2007)	21
Total Fertility Rate	2.7(BDHS 2007)	2.0
Delivery by skilled birth attendant	18% (BDHS 2007)	50%
Facility level delivery	15% (BDHS 2007)	40%
Ante-natal care rate (4th visit)	20.6% (BDHS 2007)	50%
Post natal care rate	21% (BDHS 2007)	50%
Met need for EOC services	22.43% (BDHS 2007)	80%

The activities under this Operation Plan will contribute to ensure the quality and equitable health care for all citizens of Bangladesh. In particular, the activities planned will contribute to all the results under Component 1, Result 1.1, increased utilization of essential HPN services, Result 1.2 improved equity in essential HPN utilization, Result 1.3 improved awareness of health behavior and Result 1.4 improved primary health care-community clinic systems.

11.2. OP level indicators (Output/Process)

SL. No	Indicators (s)	Unit of Measurement	Base line (With Year and Data Source)	Projected Target	
				Mid-2014	Mid-2016
INPUT INDICATORS					
1.	No. of FWVs trained in Midwifery	Person	1494*	920	3761
2.	No. of FWAs & FeHAs trained on safe delivery	Person	6402*	2640	12629
3.	No. of doctors trained on EOC	Person	323*	36	411
4.	No. of UH & FWCs Upgraded	Number	1441*	1000	4000
5.	No. of paramedics (FWV) trained on EOC	Person	511*	44	621
6.	No. of Programme Personnel trained on PAC	Person	164*	244	774
7.	No. of Service providers trained on VIA & CBE	Person	-	850	2125
8.	No. of Programme Personnel trained on ARH	Person	586*	422	1641
PROCESS INDICATORS					
9.	No. of Programme Personnel trained (TOT) on Neonatal Asphyxia	Person	-	77	530
10.	No. of Community workshop/orientation on ARH	Workshop	-	212	530
11.	No. of awareness building meeting on VIA & CBE	Meeting	30*	175	467

12	No. of tab. Misoprostol distributed	Number	-	9516000	23790000
13.	No. of ECP distributed	Number	140000	115200	428000
14.	No. of high risk pregnancy identified and referred	Number	14500	148680	371700
15.	No of district level manager proving TOT on AMTSL	Person	-	78	195
16.	No of Upazilla & Union Level service provider training on AMTSL	Person	-	2180	5450
17.	No of toximia patients referred with inj. $MgSO_4$	Person	-	49560	123900
OUT PUT INDICATORS					
18.	No. of ANC coverage (First visit) by SBAs	Person	-	693840	1734600
19.	No. of ANC coverage (4 Visits) by SBAs	Person	-	396480	991200
20.	No. of Delivery by SBAs	Person	650511**	495600	1239000
21.	No of mothers received PNC by SBAs	Person	-	297360	743400
22.	No of PAC services provided	Person			
	No. of reported MR done	Person	250000*	370000	440000
	No of PAC services provided	Person	-	2282	5705
IMPACT INDICATOR					
	No. of adolescent pregnancy reported	Person	-	3795000	9487500

Reference:

* taken from Programme documents & MIS, DGFP

** number calculated from percentage given by Bangladesh Maternal Mortality Survey 2010

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

1.3.i. Routine MIS report: The MIS unit of DGFP have strong monthly reporting system starting from the household and different level of service centers through various types of forms and registers. Monthly reports of various program activities of MCRAH OP are reported through these reporting forms to the Directorate. Annual progress of program activities can be monitored through publishing these compiled reports.

1.3.ii. Primary Sampling Unit: Program activities of MCRAH operational plan will be monitored through establishment of Primary Sampling Unit. Representative sample size from the household, eligible couples will be determined for vertical data collection from two selected union under each upazilla from seven districts of seven divisions. Similarly respective service centers such as satellite clinic, UH&FWC, MCWC will also be selected for monitoring the program activities as well as supply provision and capacity development of service providers.

1.3.iii. Survey reports: Program activities can be evaluated through the survey reports done by different organizations.

15. Log Frame : As per Annex- II, page # 42

16. Annual Procurement Plan for Goods, Works, Services: As per Annex- III (a), (b), (c), page # 43-58

17. List of Machinery and Equipment for all service center including HQ: As per annex- IV, page # 59-63

18. List of Furniture and Fixtures: As per annex- V, page # 64, 65

19. List of Vehicle for procurement: As per annex- VI, page # 66

20. List of Training and estimated cost : As per annex- VII, page # 67

21. Related Supporting Documents (if any) :

Annex- I: Organogram
Annex-II: Log frame
Annex-III: Procurement plan
Annex-IV List of Machineries and Equipments
Annex-V: List of Furniture and Fixtures
Annex-VI List of Vehicle
Annex-VII: List of Training Program for human resource Development
Annex-VIII: List of Equipment, Machineries, Furniture, and other Related Materials Procured under HNPSP (2003-2011)
Annex-IX: List of MSRfor service centres
Annex- X: List of Others Equipments
Annex- XI: List of Loose medicine for MCWC, MCHTI, MFSTC etc
Annex- XII: List of Drugs for Adolescent Health and TRI/STI case management
Annex- XIII: Contents of DDS kits
Annex- XIV: Need assessment of DDS kit for procurement
Annex- XV: List of Forms, Cards & Registers for service center MCWCs, UH&FWC, UHC etc
Annex- XVI: List of Service Center
Annex-XVII: List of existing Ambulances and Vehicles
Annex- XVIII: OP level Indicators
Annex- XVI. List of workshop/Seminar/Orientation/Participants/Resources person
Annex-XX: Implementation Matrix of DPA
Annex- XXI: Meeting minutes for Development manpower of Finance Ministry
Annex- XXII: Implementation Matrix of three OPs of DGFP
Annex- XXIII: Service Implementation Matrix between MNCAH, DGHS OP & MCRAH, DGFP OP.
Annex- XXIV: Action taken as per decision of steering committee.

22. Name and Designation of officers responsible for the preparation of this OP:

1. Dr. Mohammed Sharif
   Director (MCH-Services) &
   Line Director (MC&RH).
2. Dr. Tapash Ranjan Das
   Deputy Director (MCH) &
   Program Manager (MHS)
3. Dr. Fahmida Sultana
   Assistant Director (MCH)
4. Dr. Md. Shamsul Karim
   Assistant Director (Services)

23. Recommendation and signature of the Head of the Implementing agency with seal and date.

Date:

Signature of the Head of the
Executing Authority
Director General, DGFP

24. Recommendation of the Signature of the Secretary Ministry with seal & date:

Date:

Signature of the Secretary
Ministry of Health and Family Welfare