

## 1<sup>st</sup> USAID-DFID NHSDP Inter-ministerial Advisory Committee Meeting held

**USAID-DFID NGO Health Service Delivery Project (NHSDP)** is the largest USAID and DFID co-funded investment in Bangladesh. The project supports the delivery of an essential service package (ESP) of primary health care through a nationwide network of 26 National NGOs, 344 static clinics, 9,018 satellite clinics and 6,666 community service providers (CSP), serving approximately 23 million



people (15%) of the country. The project complements Government of Bangladesh's (GOB) efforts to maximize the reach to poor and underserved population of the country with quality ESP at an affordable cost. NHSDP Surjer Hashi (মহাশি নবম) clinics provide nearly 40 million services in a year.

Realizing NHSDP's role and potential to provide multifaceted services, MOHFW formulated the inter-ministerial **USAID-DFID NGO Health Service Delivery Project Advisory Committee on August 10, 2014**, to leverage existing resources and enhance its closer collaboration with other ministries and USAID funded other NGOs. The committee will provide strategic direction to underserved population which other ministries have special emphases.

The first NHSDP advisory committee meeting was held on November 30, 2014. Including NHSDP and some other USAID funded NGOs, eight ministry representatives attended the meeting under the chairmanship of Mr. A.M. Badruddoja, Additional Secretary, and MoH&FW.

Referring the discussions in the advisory committee, it was agreed that NHSDP will directly communicate with the ministries and discuss in details and develop plans for collaboration; They will jointly identify strategy to serve the poor and elderly in the current programs, receive strategic direction on involving SH clinics in the Local Level Planning of different ministries to ensure optimum utilization of the available resources; It was also suggested that NHSDP data will be incorporated in the Govt. MIS and will develop MOU on functional collaboration with Director MCH and DGFP.

NHSDP was given the assurance that the MOMass Communication will disseminate information and BCC materials of NHSDP to the community level and it will collaborate with MOW&CA to identify strategy to ensure quality services to the poor. NHSDP will further strengthen collaboration with MoLGRD & Urban Primary Health Care to increase EPI coverage and providing services to the underserved of the urban areas.

The meeting ended with satisfaction of the members on the matters of discussion and the decisions made to guide NHSDP to seek support from eight ministries to complement government in achieving mutual program goals as well as international goals and instruments such as MDG, Promise Renewed and others.

Government People's Republic of Bangladesh  
Ministry of Health and Family Welfare  
Public Health-2


no. 45.161.053.00.00.004.2010-214

Date: 11.01.2015

Subject: Sending minutes of the meeting of 1<sup>st</sup> USAID-DFID NGO Health Service Delivery project Advisory Committee held on 30 November, 2014

The minutes of the meeting of "1<sup>st</sup> USAID-DFID NGO Health Service Delivery project Advisory Committee" held on 30 November, 2014 at the conference room of Ministry of Health and Family Welfare chaired by A. M. Badrudduja, Additional Secretary, Ministry of Health and Family Welfare is being sent herewith for kind information and necessary action.

Enclosure: 3 Pages

  
11.01.2015  
(Mohammed Mainuddin Chowdhury)  
Deputy Secretary  
9515531

Distribution (Not According to Seniority):

- 1) Senior Secretary, Ministry of Local Govt. & Rural development & Cooperative
- 2) Secretary, Ministry of Social Welfare
- 3) Secretary, Ministry of Women & Children Affairs.
- 4) Secretary, Ministry of Disaster Management
- 5) Secretary, Ministry of Information
- 6) Secretary, Ministry of Chittagong Hill Tract Affairs
- 7) Secretary, Ministry of Youth & Sports
- 8) Additional Secretary (PH & WHO), Ministry of Health and Family Welfare
- 9) Joint Secretary, Public Health, Ministry of Health and Family Welfare
- 10) Joint Chief, Ministry of Health & Family Welfare.
- 11) Director, PHC & LD-MNCAH, DGHS
- 12) Director, MCH & LD-MCRAH, DGFP
- 13) Director, Hospital, DGHS
- 14) Line Director, CCSDF, DGFP
- 15) Director, IPHN & LD-NNS, DGHS
- 16) Deputy Director, DG-DA.
- 17) Representative of USAID
- 18) Representative of DFID
- 19) Medical Officer, WHO-EPI
- 20) Project Director, Mayer Hashi-II
- 21) Country Director, SIAPS
- 22) Country Manager, AED/FANTA-2 project
- 23) Managing Director, SMC
- 24) Project Director, TRAction
- 25) Chief of Party, MaMoni project
- 26) Project Manager, HBB, SC
- 27) Project Director, MAMA Bangladesh
- 28) Project Director, Sisimpur
- 29) Policy & Coordination Advisor, NHSDP
- 30) Chief of Party, NHSDP
- 31) .....

Government People's Republic of Bangladesh  
Ministry of Health and Family Welfare  
Public Health-2

Memo no. 45.161.053.00.00.004.2010-

Date: 21.12.2014

**Subject: Meeting minutes of 1st "USAID-DFID NGO Health Service Delivery project Advisory Committee" held on 30 November, 2014.**

**Chairperson:** Mr. A.M. Badruddoja, Additional Secretary, MoHFW

**Date:** 30 November, 2014

**Time:** 03:00 pm

**Venue:** Conference Room, MoHFW

The list of attendance is attached annexure A

The meeting agenda :

- 1) Brief presentation on performance of USAID-DFID NGO Health Service Delivery project through Surjer Hashi clinics in all 64 Districts of Bangladesh.
- 2) Discussion on Advisory Committee along with ToR.
- 3) Discussion on collaboration of health related different ministries to increase health, nutrition and family planning services to the community.
- 4) AOB

**Discussion:**

The Chairperson extended his warm welcome to all and shared the purpose of the meeting. After the self introduction the Chairperson mentioned that realizing the performance and commitment of NGO Health Service Delivery project (NHSDP) on the health, nutrition & FP activities through Surjer Hashi (SH) clinic network, it would not only remain associated with MoHFW but it should have adequate collaborations and coordination with other health related ministries and NGOs. He also indicated that there are a number of opportunity to work together to improve health status and offer FP services from available health facilities and service centers. We know that NHSDP is providing services all over Bangladesh through 344 Surjer Hashi clinics both in urban and rural areas covering all components of essential service package with special emphasis of poor, underserved and disadvantaged population. Realizing NHSDP's role and potential to provide multifaceted services, MoHFW formulated this inter-ministerial "USAID-DFID NGO Health Service Delivery project Advisory Committee" to leverage existing resources and enhance its closer collaboration with other ministries and USAID funded other NGOs. The committee will provide strategic direction to maximize the optimum utilization of the available resources especially for poor, vulnerable and underserved population which other ministries have special emphases. At this point, the Chair invited Dr. Halida Akhter, Chief of Party, NHSDP to present the performance of the Surjer Hashi clinic and the scope of opportunity to collaborate with other ministries.

2) With power point presentation Dr. Halida Akhter presented the performance of SH clinics and identified the scope and opportunity to work together with other individual ministries. She mentioned that in each year NHSDP is accessing 15% to total Bangladeshi population with about 38 million service contacts through its Surjer Hashi clinics.

3) The Chairperson appreciated the informative presentation reflecting good review of matching areas of NHSDP and different ministries and invited the participants and representatives of the ministries to give their comments.

4) Rowsan Ara Begum, Deputy Secretary, Ministry of Social Welfare appreciated and supported the presentation and added that Ministry of Social Welfare has also provision of Old Age scholarship and Govt. has already declared 'Senior Citizen' to honor the elderly. She assured liaison with MoHFW & NHSDP, and will share her scope for collaboration in writing and NHSDP will contact her for detailed planning on collaborative activities.

5) The Chairperson mentioned the achievements in Bangladesh that the fertility has been reduced due to concerted efforts of both Govt. and NGOs but have to tackle, number of challenges such as in maternal health, need to address issues of adolescent pregnancy and ensuring deliveries by Skilled Birth Attendants. Nutrition is also a big challenge. Though Bangladesh has reduced child mortality remarkably but newborn death is still a challenge. While the incidence of communicable disease is decreasing non-communicable (NCD) has become a new challenge for us like all over the world as it is affecting increasingly larger number of population. The chairperson made an observation that though more SH clinics are working in Urban area but Community Health Service Providers are working in rural areas. Dr. Md. Saikhul Islam Helal, Policy & Coordination Advisor of NHSDP answered that NHSDP has 6,666 Community Health Service Providers (CSP) in rural government allocated communities who are working at the household level. He suggested to increase services in both rural and urban areas. There is a need of local level planning (LLP), and NHSDP should be involved in the LLP of different ministries to plan in a collaborative way. Dr. Halida Akhter, CoP-NHSDP responded that in the urban area, there are other NGOs, private sector health service delivery centers who we have to compete and there practices for client referral are different and there is good demarcation of serving areas. On the contrary, in rural areas the SH clinics are working in an allocated area serving underserved and poor population.

6) Dr. Md. Shah Nawaz, Additional Director General (Admin) of DGHS made observation on the NHSDP service statistics that the number of ANC-1 is much higher than ANC-4 which is lower all over the country. He suggested to take appropriate measures to ensure higher number of ANC-4 and appreciated the NHSDP's higher number of facility delivery than that of home delivery through SH clinics. He strongly suggested that NHSDP should take necessary actions to incorporate SH clinics' performance into the existing Govt. MIS. The Chief of Party of NHSDP informed that NHSDP has already conducted number of meeting with Govt. HMIS (Professor Azad and others) and assured that appropriate measures would be taken soon to incorporate Surjer Hashi clinics' performance in the Govt. MIS. The status of the progress incorporating into Govt. MIS will be informed in the next Advisory Committee meeting.

7) Dr. Mohammed Sharif, Director-MCH of DGFP highlighted the successful achievement of NHSDP in Teknaf district, with special mention of Red Flag strategy, that NHSDP has taken as an excellent step in one ward in Teknaf to increase facility delivery. With active involvement of the community, the SH clinic in

Teknaf had been able to achieve 84% safe delivery in that ward. Considering this evidence based strategy, we can implement it in other places to increase SBA/safe delivery as show case . Acknowledging the contribution of SH clinic around the country, Dr. Sharif suggested to increase collaboration of EmQC services between UH&FWC and SH clinic. Appreciating the suggestions from Dr. Mohammed Sharif, the CoP-NHSDP would be committed to work more closely with DGFP.

8) Mr. Md. Abdur Rahim, Director, Mass Communication told that department of Mass Communication of Ministry of Information is working on health related activities such as dissemination of messages through Radio, TV and video show in the community level, . Dr. Helal informed that NHSDP has already discussed with Ms. Kamrun Nahar, Director General of Mass Communication, who suggested to hand over the health related BCC materials such as video cassette, video spots etc., and through district information section and those would be exhibited at the community.

9) Mr. Md. Aynul Kabir, Deputy Secretary (Dev.), Ministry of Women and Children Affairs appreciated the NHSDP – presentation covering all service delivery statistics and indicated that MoW&CA is working on nutrition through VGD card for the poor and there are about 22,000 VGD card holders who are getting benefits from the program. The MoW&CA has shelters in different districts, and these VGD card holders can get health services from SH clinics. MoW&CA and NHSDP will work together with on planning availability of services from SH clinics to appropriate group of disadvantaged group. He also mentioned that the ministry has adolescent clubs, so SH clinics can easily communicate with those clubs and ensure adolescent health services. Mr. Kabir informed that MoW&CA has already identified 7,50,000 ultra-poor, so NHSDP can take necessary action to serve the ultra-poor population.

10) Dr. Md. Tanbirul Islam, NPC-EPI Surveillance, WHO Bangladesh made correction on the presentation Rubella should be called as Measles & Rubella (MR) vaccination.. He suggested that since NHSDP has good number of SH clinics in urban area, so it should work closely with both MoHFW & MoLGRD&C to contribute to increase urban EPI coverage, in urban and peri-urban areas.

11) Dr. Fahmida Sultana, Deputy Director (services), DGFP asked whether the SBA of SH clinics have Govt. certificate to provide the services. Dr. Halida Akhter responded that the Paramedics of SH clinics are receiving the SBA training from Govt. Hospital/facility and after completing the training course they have been certified as SBA. Dr. Akhter ensured dr. Fahmida hat NHSDP will discuss with DGFP and will organize a presentation session & share NHSDP clinic based performance.

12) Carolyn Sunners, Team Leader, DFID shared that DFID is supporting NHSDP, BRAC and Marie-stopes for quality health care services intending to strengthen collaboration with Govt. at local and national level emphasizing to improve urban health. We will discuss more on how to improve urban community health seeking behavior and ensuring availability of quality of services in the health care center including SH clinics.

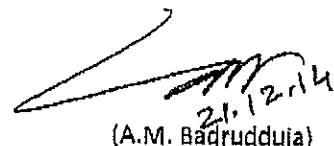
14) Dr. Halida Akhter, CoP-NHSDP proposed that NHSDP will communicate with concerned ministries, on the basis of decision and discussion – during of the Advisory committee meeting and will increase collaboration as soon as possible. .

15) The Chairperson highly appreciated the fruitful and effective discussion in the meeting. He suggested to sustain collaboration with other ministries and NGOs, and will take appropriate action after detailed discussion the following decisions were taken in the meeting:

Sl. No.	Issue / subject	Decision	Responsibility
1.	USAID-DFID NHSDP is providing essential service packages in 64 districts through 344 Surjer Hashi (S-H) clinics both in urban and rural area. There is need of more collaboration with other ministries.	Referring the discussions in the Advisory Committee, NHSDP should communicate with others ministry individually, discuss and develop plans for collaborate activities.	Chief of Party (CoP)-NHSDP. Policy & Coordination Advisor, NHSDP
2.	Ministry of Social Welfare has provision of allowances for poor and elder citizen. There is a need for quality health services from the available sources.	NHSDP should communicate with the ministry and identify strategy to serve the poor and elder people on the current programs. Projects from the available Surjer Hashi clinics.	Ms. Rowsan Ara Begum, Deputy Secretary, MoSW  CoP - NHSDP
3.	Considering the present challenges such as adolescent pregnancy, increase delivery by SBA, improve nutritional status and combat NCD problem and Formulate local level planning with respective ministry, offices for collaboration.	NHSDP should communicate with other ministries to receive strategic direction on involving Surjer Hashi clinics in the LLP of different ministries to ensure optimum utilization of the available resources.	Representatives of different ministries.  P&C Advisor, NHSDP.
4.	Incorporate the Surjer Hashi clinics' performance in the Govt. MIS.	NHSDP will communicate with Govt. MIS & ensure incorporation of data in the Govt. MIS. NHSDP also inform the Advisory Committee on progress/present status of the task.	Director, MIS-DGHS Director, MIS, DGFP CoP, NHSDP Director (M&E), NHSDP
5.	In Teknaf, Surjer Hashi clinic ensured 84% SBA in ward with community participation. With the lesson learnt, this evidence can be implemented in other place.	NHSDP should write a brief description of the initiatives and share with the Advisory Committee in the next meeting.	CoP, NHSDP P&C Advisor, NHSDP
6.	There should be more collaborative and referral linkage on MNCAH-FP services between UH&FWC and Surjer Hashi Clinics.	NHSDP should consult with Director, MCH, DGFP and a MOU may be developed on functional collaboration of services.	Director, MCH, DGFP LD-CCSDR, DGFP CoP, NHSDP
7.	Health related messages and BCC information can be disseminated through Mass Communication section of Ministry of Information.	NHSDP should communicate with Director General of Mass Communication and hand over video and BCC materials for dissemination of information to the community level.	Md. Abdur Rahim, Director, Mass Communication. Director, BCC, NHSDP P&C Coordinator, NHSDP

		dissemination of information to the community level.	P&C Coordinator, NHSDP
8.	To identify the poor for ESP services from Surjer Hashi clinics through consultation with MoWCA.	NHSDP may consult with MoWCA and identify strategy to ensure quality services for the poor.	Md. Aynul Kabir, Deputy Secretary (Dev.) MoW&CA Community Mobilization Advisor, NHSDP.
9.	To improve EPI services in the urban and peri-urban area.	NHSDP is suggested to strengthen collaboration with MoLGRD & Urban Primary Health care to increase EPI coverage.	Md. Tanbirul Islam, NPO-EPI, WHO Child & NB Health Coordinator, NHSDP.

The meeting ended with thanks to and from the chair.

  
21.12.14  
(A.M. Badrudduja)

Additional Secretary and  
Chairperson, NHSDP Advisory Committee

## **Annexure – A**

- 1) A.M. Badrudduja, Additional Secretary, Ministry of Health & Family Welfare.
- 2) Subhash Chandra Sarker, Joint Secretary (Public Health), Ministry of Health & Family Welfare
- 3) Dr. Md. Shah Nawaz, Additional Director General (Adm), Directorate General of Health Services.
- 4) Dr. Mohammed Sharif, Director-MCH and LD-MCRAH, Directorate General of Family Planning.
- 5) ABM Nasirul Alam, Deputy Secretary, Ministry of Chittagong Hill Tract Affairs.
- 6) Rowsan Ara Begum, Deputy Secretary, Ministry of Social Welfare.
- 7) Dr. Khandaker Sagir Ahmed, Deputy Director, Directorate General of Drug Administration.
- 8) Md. Aynul Kabir, Deputy Secretary (Dev.), Ministry of Women & Children Affairs.
- 9) Md. Abdur Rahim, Director, Mass Communication, Ministry of Information.
- 10) Iffat Ara Mahmood, Deputy Secretary, PH-2, Ministry of Health & Family Welfare.
- 11) Dr. Mohammad Khairul Hasan, Deputy Chief (Health), Ministry of Health & Family Welfare
- 12) Dr. Ashrafi Ahmed, DPM, Hospital Section, Directorate General of Health Services.
- 13) Dr. Fahmida Sultana, Deputy Director (Services), Directorate General of Family Planning.
- 14) Dr. Zebunnesa Hossain, Asstt. Director, CCSDP, Directorate General of Family Planning.
- 15) Dr. Halida Akhter, Chief of Party, USAID-DFID NHSDP.
- 16) George Kum, Lead Auditor, USAID.
- 17) Carolyn Sunners, Team Leader, DFID.
- 18) Marietou Satin, Team Leader, USAID Service Delivery, USAID
- 19) Brenda Doe, Family Planning Advisor, USAID.
- 20) Dr. A.J. Faisel, Project Director, Mayer Hashi-II & Country Representative, EngenderHealth.
- 21) Atik Ahsan, Program Manager, MAMA BD D-net.
- 22) Joby Georze, Deputy CoP, MaMoni project, Save the Children.
- 23) Toslim Uddin Khan, General Manager (Program), SMC.
- 24) Dr. Md. Tanbirul Islam, NPO-EPI surveillance, WHO Bangladesh.
- 25) Dr. Md. Saikhul Islam Helal, Policy & Coordination Advisor, NHSDP.
- 26) Dr. Munsur Ahmed, Manager Research, NHSDP
- 27) Nadim Reza, Documentation & Communication Specialist, NHSDP.
- 28) Md. Kamal Hossain, Administrative Officer, PH-2, Ministry of Health & Family Welfare.