

Implementation Monitoring and Evaluation Division
Ministry of Planning
Sher-e-Bangla Nagar, Dhaka-1207

Monitoring & Evaluation (M&E) Guideline

On

Education, Health & Nutrition, Family Welfare and Social Welfare
Sector Projects of Annual Development Program



June 2019

Conducted
by
Strengthening Monitoring and Evaluation Capabilities of IMED
(2nd Revised) Project (SMECI)

Prepared

by



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Abbreviation

ADP	Annual Development Program
AMC	Alternative Medical Care
BDHS	Bangladesh Health Statistics
BNCC	Bangladesh National Nutrition Council
CDC	Communicable Diseases Control
CSPB	Child Sensitive Social Protection in Bangladesh
DGHS	Directorate General of Health Services
DGFP	Directorate General of Family Planning
DGNM	Directorate General of Nursing and Midwifery
FGD	Focus Group Discussion
GMP	Growth Monitoring and Promotion
GOB	Government of Bangladesh
HNP	Health, Nutrition and Population sector
HPNSDP	Health, Population and Nutrition Sector Development Program
IDD	Iodine Deficiency Disorder
IEC	Information, Education and Communication
IYFC	Infant young child feeding
IPHN	Institute of Public Health and Nutrition
KAS	Knowledge Attitude Skills
KII	Key Informants' Interview
LGD	Local Government Division
IMED	Implementation Monitoring and Evaluation Division
MAM	Moderate Acute Malnutrition
MUAC	Mid-Upper Arm Circumference
MOHFW	Ministry of Health and Family Welfare
MEMIS	Madrassa Education Management and Information System
MSVSB	Monitoring the Situation of Vital Statistics of Bangladesh
M&E	Monitoring and Evaluation
NFP	National Food Policy
NNS	National Nutritional Services
NCDC	Non-Communicable Diseases Control
ROSC	Reaching Out of School Children
SAM	Severe Acute Malnutrition
SBCC	Social Behavioral Change Communication
SMECI	Strengthening Monitoring and Evaluation Capabilities of IMED
SWAPNO	Strengthening Women's Ability for Productive New Opportunities
TNA	Training Needs Assessment
TOR	Terms of Reference
TQI	Teaching Quality Improvement
WFH	Weight for Height
WHO	World Health Organization

EXECUTIVE SUMMARY

The prime function of the IMED is to monitor and evaluate the implementation of development projects in order to enable the Ministries and Executive Agencies to ensure timely implementation. Through monitoring and evaluation, it points out to the project implementing ministries and other appropriate authorities the progress of implementation and problems encountered, if any, relating to the quality, time, cost etc. for taking remedial measures. For timely implementation and proper management of project activities, IMED intends to develop *Education, Health & Nutrition, Family Welfare and Social Welfare* sector projects. These ministries are considered as the most important service delivery sectors that directly related to achieve development goals of the government.

The main objective of the assignment is to prepare a guideline for the employee of IMED, especially for the newly posted or recruited officers, to monitor and evaluate different projects related to Education, Health & Nutrition, Family Welfare and Social Welfare. The team has gathered and assembled information to cross check quantitative and qualitative information and different types of monitoring and evaluation being performed presently and find out the requirements/gaps of proper monitoring and evaluation system and propose in the guideline a complete process of monitoring and evaluation.

To make a clear understanding about administrative and functional setup of these ministries, directorates and institutions, a brief overviews were presented to know the range of agencies that are involved in implementing development projects. To understand importance of these sectors, the results of the development efforts by key indicators and planned targets to be achieved by the end of 7th 5-year plan by sectors have been mentioned. The projects are being implemented by almost all strata of the administrative units ranging from ministry down to the lowest level of administrative setups.

To understand implementation status of different kinds of projects of different tenure of implementation period, we have selected 10 projects from each of Education, Health & Nutrition, Family Welfare and Social Welfare sectors i.e. 30 projects in total to collect information through interview project personnel. We have also collected project related documents and reporting formats that are in use. The information and documents collected helps to understand the diverse nature of project objectives and components thereof. Some projects have single component and others have multiple components to achieve project objectives. It has been identified that there are 25 project components in these three major social and service sectors projects. To describe well in depth, project components generalized as major components like (1) preparatory works, (2) training, (3) procurement of works, (4) procurement of goods, and (5) procurement of services. Since IMED already had been prepared a monitoring and evaluation guidelines for construction of works (buildings, roads, bridges and culverts), as such, this guideline did not discuss on this issue.

This guideline will be helpful to conceptualize the three major service sectors ministries and its subsidiary organizations that played vital roles in implementing the Annual Development Programs and its diverse nature of project components. Brief discussions on the major components of projects were taken place to understand steps and time required in completing project activities. It is, indeed aimed to understand and measure physical progress of the project works alongside with the financial expenditures. As all these ministries, directorates, departments and other institutions procured quite a huge number of machinery, equipment and articles to deliver services, the consultant team has tried to identify and introduce its name and functions and usefulness of some high value and high volume goods. It is hoped that introduction of various kinds of machinery, equipment and articles will be helpful for the users of this guidelines.

To monitor and measure the progress of project activities, the consulting team has developed checklist for monitoring ongoing projects, checklist for assessing outcome of the project, checklist for assessment of the impact of the project and measuring index of ADP implementation, which could be used by the officials of IMED during their visits. There are 5 checklists to monitor ongoing projects, 5 checklists for assessing outcome of the projects and 5 checklists for assessing impacts of the projects in the areas of training, national nutrition services, education program, health program and social development program. To monitor and measure physical progress of the project implementation, a measuring index also been developed by major activities to compare physical progress with the financial expenditure.

However, in general, all projects implementation activities could be monitored and evaluated through the standardized checklists developed and in future these checklists could be modified and pinpointed as per demand of the time.

Chapter I: Background

1.1 Introduction

Implementation Monitoring and Evaluation Division (IMED) is the apex body of the Government of Bangladesh to monitor and evaluate the implementation of the public sector development projects included in the Annual Development Program (ADP). The prime function of the IMED is to monitor and evaluate the implementation of development projects in order to enable the Ministries and Executive Agencies to ensure timely implementation. Through monitoring and evaluation, it points out to the project implementing ministries and other appropriate authorities the progress of implementation and problems encountered, if any, relating to the quality, time, cost etc. for taking remedial measures. For timely and proper management of these activities along with the main functions a comprehensive strengthening program has been largely felt for long time. Therefore, IMED has undertaken the development project, entitled "Strengthening M&E Capabilities of IMED (SMECI)" funded by the GOB.

Beside many other functions that are performed by the IMED, an important function is to carry out regular field review of development projects to keep itself abreast with the latest progress of projects carried out by different Government agencies. It informs the relevant ministries and agencies with the impending problems as well as current problems affecting the progress of projects, for taking remedial actions at their end, so that project's physical and financial progress are accelerated.

For the purpose of carrying out monitoring and evaluation a comprehensive guideline is necessary. Therefore, IMED intends to develop **Education, Health & Nutrition, Family Welfare and Social Welfare** sector projects. Education, Health & Nutrition, Family Welfare, and Social Welfare etc. are considered important ministries and agencies by the government, they get priority in ADP allocation as well. Health and Education Sectors specially, have made remarkable achievements during last few years. Even some of the performing indicators have earned global recognitions. Anyway, the fact remains that government has attached great importance to the development activities of these ministries and agencies and that demands more focused and intensive quality monitoring of projects, undertaken by these agencies, by the IMED.

1.2 Objective of the assignment

The main objective of the assignment is to prepare an M&E Guideline covering all important areas **Education, Health & Nutrition, Family Welfare and Social Welfare** sector projects, which will helps as tools to monitor and evaluate by the officials of for IMED.

The specific objectives of the assignment are the following:

1. To review the existing available relevant documents/guidelines on project monitoring;
2. To review the existing available relevant documents/guidelines of other relevant countries and development partner agencies;
3. To analyze objectives of the assignments thoroughly;
4. To develop a guideline that can be effectively used by the IMED officials during project monitoring and evaluation;
5. To develop an identical M&E template for relevant sector;
6. To guide the officers of the IMED in building systematic approach to field visit through use of the Guideline;
7. To ensure the project management knowledge areas (such as scope, time, cost, procurement, quality, integration, human resource, stakeholders, communication and risk);
8. To help accelerate progress of the development projects.

1.3 Scope of Services

Consultancy services shall broadly include:

1. Prepare a study design to carry out interviews of the stakeholders to know the actual requirement of **Education, Health & Nutrition, Family Welfare and Social Welfare** related projects for preparation of the guideline;
2. Identify weaknesses and limitations in the monitoring and evaluation process of the related projects;
3. Identify key areas of project development activities, and also identify/select smart indicators for effectively monitoring and evaluating related projects;
4. Identify the components of different development projects, and describe the parts of each component for effective monitoring and evaluation;
5. Study monitoring and evaluation reports, in-depth study reports and other related reports of the projects of the concerned sector and identify monitoring and evaluation weaknesses etc;
6. Study of other relevant documents and M&E procedure **Education, Health & Nutrition, Family Welfare and Social Welfare** projects/program of in and other countries that can be helpful in preparing M&E Guidelines;
7. Consultant/s will interact with the relevant ministries, agencies, projects and identify areas of interest that can be helpful in carrying out the assignment;
8. Consultant will deliver three sub guidelines and M&E templates (i) Education (ii) Health and Nutrition, and (iii) Social Welfare, Family Welfare, in English and Bangla;
9. Any other related works assigned by the client.

The consultant prepared the study design and plan to collect secondary information, analyze the information considering the objectives of the assignment. Review the existing M&E guideline of different sectors both home and abroad, discuss with the client and fix up the requirement and prepare guideline accordingly, meet from time to time to keep track of the target. The assignment should be made on the basis of coverage of work and area mentioned.

1.4 Responsibilities of the Firm

The Firm engaged consultants having sufficient educational qualification and experience to achieve the objectives of this assignment. The consultants reviewed the secondary documents, reports, identify gaps and developed a suitable program for collection information and consent of the employee of IMED who are presently responsible for M&E work to capture present status of M&E activities, share it with the project management, and collect necessary information from both primary and secondary sources to prepare the guidelines. The TOR describes the tasks to be carried out by the consultants and the consultants shall not remain limited to these to make useful guidelines. Consultants analyzed and suggested modifications as necessary for future M&E Guidelines. The TOR describes the tasks to assess present guidelines; the problems faced by the present employee and overcome the situation and a helpful updated document on the issues considering the activities and responsibilities of the M&E system, including format and questionnaires which would meet to collect the necessary information to meet the M&E work. A representative survey on present situation of M&E activities covering the selected employee were carried out before the preparation of Guidelines and testing the guidelines by the employees of IMED after the preparation of guidelines and finalize the document with dissemination in local and national level workshop.

1.5 Study Design, Methodology and Tools

The study generated quantitative and qualitative information regarding the guidelines of Monitoring and Evaluation in the sectors of Education, Health & Nutrition, Family Welfare and Social Welfare. The consultants' approach to the study was to design the study in conformity with its objectives focusing to address some relevant indicators so that the study can help to collect information to update or prepare a proper monitoring and evaluation guideline which will be a guideline for the responsible person who will be engaged in the assignment of monitoring and evaluation specially the employee of the IMED.

1.5.1 Methodology

The team of experts made a thorough review of the TOR for having a good understanding of the tasks to be performed. The main objective of the assignment is to prepare a guideline for the employee of IMED to monitor and evaluate different project related to Education, Health & Nutrition, Family Welfare and Social Welfare. The team has assembled information to cross check quantitative and qualitative information and different types of monitoring and evaluation being performed presently and find out the requirements/gaps of proper monitoring and evaluation system and propose in the guideline a complete process of monitoring and evaluation. The key information was collected included the present status of M&E, share it with the project management, collect data necessary to make a satisfactory valid decision and a complete guideline for the IMED.

Tasks performed: The team has performed the following tasks to achieve the objectives of the assignment:

- Review the secondary documents, reports, guidelines presently followed.
- Identify gaps, weaknesses of present guidelines in M&E activities.
- Develop a suitable program for collection information and consent of the employee of IMED who are presently responsible for M&E work.
- Capture present status of M&E activities.
- Share the findings with the project management authority
- Collect necessary information from both primary and secondary sources
- Make a satisfactory guideline considering the weakness of the past.
- Discuss on guidelines in local disseminating meeting.
- Tasks to be carried out by the consultants according to TOR.
- The team will not remain limited to these to make a fruitful guideline.
- The team will analyze and suggest modifications if necessary for future M&E Guidelines.
- Tasks to assess present guidelines, the problems faced by the present employee and overcome the situation and a helpful updated document on the issues considering the activities and responsibilities of the M&E system, including format and questionnaires which would meet to collect the necessary information to meet the M&E work.
- A representative survey on present situation of M&E activities covering the selected employee was carried out before the preparation of Guidelines
- The prepared guidelines were tested by the employees of IMED
- The document is finalized after dissemination in national level workshop.

The team has prepared the Monitoring and Evaluation guideline considering the following components/activities regarding the Education, Health & Nutrition, Family Welfare and Social Welfare.

1.5.2 Study Design

Full discussion on the study design covering various issues is considered important to select the appropriate design to create to facilitate collection of information to oversee the realization of the objectives. The study has involved both quantitative and qualitative collection of information as applicable such as (a) document review, (b) discussion with Client, (c) In-depth interviews/key informants' interview with employees of IMED (d) interview with the Education, Health and Nutrition, Family Welfare and Social Welfare project/organization responsible for monitoring and evaluation, (e) focus group discussions (FGD) with project related persons.

1.5.3 Review of literature and Documents

The team of experts have reviewed available related literature and documents regarding the monitoring and evaluation guidelines. They have collected relevant literatures from different offices of the facility, government and non-government offices, and other means. The documents were reviewed keeping the study objectives in mind and assessing the status of Monitoring and Evaluation process of different project by different organizations. They have listed the main indicators that were used for assessing, and other issues influencing the level of awareness and knowledge on the existing practices in Monitoring and Evaluation process and analyze the secondary documents to realize the indicators and information to be collected for present assignment purposes.

The team has identified evidence-based activities/intervention/best practices addressing Monitoring and Evaluation process. They have analyzed the information collected from the secondary document and determined the necessity of further collection of observed information or observation the status of Monitoring and Evaluation process.

1.5.4 Discussion with IMED

The team of experts has met respective officials and consultant of IMED to share views on start up activities and will frequently discuss with IMED to have the progress of assignment on right track. They have presented their design, procedure and plan of activities in proper time and put forward their planning programs and views on performing the study work to achieve the objectives of the assignment.

1.5.5 Preparation of outline of Guidelines

The team of expert has prepared an outline of Guidelines and identifies the required information to be collected from the officials of IMED and project responsible for monitoring and evaluation. There are three individual guidelines for three sectors of projects (1) M&E guideline for Education related project, (2) M&E guideline for Health and Nutrition related project, and (3) M&E guideline for Family Welfare and Social Welfare related project. To fill up the information gap the team has collected information from sampled officials of each sector.

1.5.6 Sample Size

The team has highly emphasized on the size of the sample and its representativeness so that indicators and feedback are reliable, valid, and comparable to similar information of relevant sources. They considered number of pertinent indicators for collection of information in each selected project in Education, Health & Nutrition, Family Welfare and Social Welfare. They have interviewed both evaluators and monitors of IMED and also related projects of Education, Health & Nutrition, Family Welfare and Social Welfare sectors. They have selected 10 projects from each of Education, Health & Nutrition, Family Welfare and Social Welfare sectors i.e. 30 projects and they have interviewed three persons from each project relating to the Monitoring and Evaluation system guideline they follow and problems they face in Monitoring and Evaluation with the existing guidelines and requirement for updating. The team has also interviewed three persons from IMED who are responsible for Monitoring and Evaluation. The projects included in the Annual Development Program (ADP) are categorized as procurement of goods, services and works. Since two M&E Manuals one for "Monitoring and Evaluation (M&E) Manual for Construction of Works (Buildings)" and another one for "Monitoring and Evaluation (M&E) Manual for Construction of Works (Roads, Bridges and Culverts)" have been prepared, the consulting team in selecting projects to be visited for collecting partined information has excluded works or construction related projects under implementation by the Education, Health & Nutrition, Family Welfare and Social Welfare sectors. As such the manual for these sectors are focused on the procument of goods and services projects. The names of the tentatively selected 30 projects are presented at Table 1.

Table 1: List of Sampled Projects to Prepare M&E Guidelines

Implementing Organization	Name of Projects
Directorate of Primary Education	1. School Feeding Programme in Poverty-Prone Areas (1 st Revised) 2. Reaching Out of School Children *ROSC) Project (2 nd Phase)
Directorate General of Secondary and Higher Education	3. Generation Breakthrough Project 4. Teachin Quality Improvement (TQI-2) in Secondary Education
Education Engineering Department	5. Enhancing the Madrassas Learning Environment Project in Bangladesh, Construction of Academic Building to Selected Non-Govt. Madrashes.
Directorate of Technical Education	6. Bangladesh Skills for Employment and Productivity Project
Directorate of Madrasha Education	7. Establishment of Madrasa Education Management and Information System (MEMIS)
University Grants Commission	8. Strengthening the Capacity of Training and Research Capabilities of the Department Population Science, University of Dhaka (2 nd Phase) 9. Enhanchment of Rereatch Capabilities of Institute of Marine Science and Fisheries of University of Chittahong
Ministry of Religious Affairs and Islamic Foundation	10. Publication Program of Islamic Books (2 nd Phase)
Ministry of Health and Family Welfare	11. Safe Motherhood Promotion Operation Research on Safe Motherhood and newborn Servibal 12. National Nutritional Services (NNS) 13. Communicable Diseases Control (CDC) 14. Non-Communicable Diseases Control (NCDC) 15. Community Based Health Care 16. Alternative Medical Care (AMC) 17. Procurement, Storage and Supplies Management – FP (PSSM-FP) 18. Family Planning Field Services Delivery
Directorate General Of Nursing & Midwifery (DGNM)	19. Establishment of Universal Nursing Institute
Local Government Division (LGD)	20. Urban Public and Environmental Health Sector Development Project (Revised)
Department of Social Welfare	21. Construction of a Technical Training and Rehabilitation Center for Retarded Persons –CRP, Manikganj
Population and Family Welfare Division – Sastices and Information Management Division	22. Mordanization of National Accounts Statistics Project 23. Monitoring the Situation of Vital Statistics of Bangladesh (MSVSB) (2 nd Phase)
Department of Social Welfare	24. Child Sensitive Social Protection in Bangladesh (CSPB) (Phase -2) 25. Our Home : Combined Residence of Old and Child
Ministry of Women and Children’s Affairs	26. Strengthening Gender Responsive Budgeting in Bangladesh 27. Establishment of Adolescent Club
Jatiya Mohila Sangstha	28. Development of Women Entrepreneurs for Economical Empowerment (3 rd Phase)
Local Government Division (LGD)	29. Strengthening Women’s Ability for Productive New Opportunities (SWAPNO)
Department of Youth Development	30. Integrated Management of Resources for Poverty Alleviation through Comprehensive Technology (2 nd Phase) (1 st Revised)

1.5.7 Development of Methods, Tools, and Checklists

The team has collected information of present monitoring and evaluation system of IMED and from sampled projects. The team has developed study tools after complete review of related documents and extensive discussions with the IMED concerned officials.

Instruments used for collection of information: To keep similarity and consistency in the reports, the following instruments were used for collection of information.

- Questionnaire for key informant interview (KII)
- Checklist for collection data/information from secondary sources.

1.5.8 Development and Standardization of Instruments

The questionnaire contained respondent's information on Documents/guidelines user, project management knowledge, Annual Development Program, Annual Monitoring Program, Guidelines, Project components, M & E procedure and Reports. The questionnaires were thoroughly reviewed by the experts at different stages. Additions and modifications were made during meetings with experts and IMED authority. After the final approval of the contracting authority the questionnaire were put to operation and collected information to prepare/updating M&E guideline.

1.5.9 Training of Research Assistant

Intensive training was provided to the Research Assistant so as to keep uniformity of the data collection techniques and approaches among all the Research Assistant to maintain the desired quality of data. A three-day training course was organized for field Staff. The first day was devoted to theory demonstration of collection of information followed by one days of practical training in the field for pre-testing and sharing experiences with each other and experts and one day for reviewing. Apart from the foundation lectures on how to fill-in the questionnaire, collection, entry and sending of data through on-line system, group discussions, role playing in the classroom, and question and answer sessions were arranged. The experts and the senior key personnel of the firm has provided the training.

1.5.10 Focus Group Discussions (FGDs)

There are certain traditional social behaviours, which cannot be fully captured by structured interviews. Focus Group Discussion (FGD) method is therefore, needed to get insight into these social behaviours. In an FGD session, participants of similar profile will be covered. 3 FGD sessions were conducted one in each of the three sectors. All FGDs were tried to identify the area of making provision for user-friendly interventions for target stakeholders, and on the other hand, clarified the necessity of a complete and useful guideline. The consultants through the field Staff have identified the potential participants for the FGD during interviewing the sampled respondents. Suitable locations were selected for easy access of participants. The FGD sessions were guided by a facilitator or moderator encouraged talking freely and spontaneously about the issues. Discussions were recorded in a tape recorder, in android phone and in black and white. One experienced facilitator recorded the key points covered in course of discussions. Findings were compiled using both kinds of field records i.e. taped record and notes.

1.5.11 In-depth interview

In-depth interview was conducted to collect qualitative information especially focusing on the following issues from the representatives of IMED and Project Directors of the respective projects.

1.5.12 Key Informants' Interview

The team of experts has conducted key informants' interview to collect qualitative information especially focusing on the objectives of the research work from the officials of IMED and informers from field level project officials. Special questionnaire was prepared for KII.

1.5.13 Preparation and Submission of Final Report

The approach to preparing a final M&E Guidelines that has common understanding and agreement in the assignment may seem difficult though - really it is so yet can be achieved only if the assignment is implemented with participatory approach right from beginning and with open mind. The consultants fully believe in the principle of true participation and honest judgment and presentation of the facts through a holistic design of the output expected of the assignment. The consultants' principal and the consultant team were involved in preparing the final M&E Guidelines. The preparation of M&E Guidelines included the standard proforma which have been practising. All the suggestions and recommendations from IMED, different meetings, workshop and seminars were incorporated to the final M&E Guidelines. Final M&E Guidelines with comments/ remarks provided by the reviewers were incorporated and submitted to the client.

1.5.14 Quality Control Mechanism

Appreciating that both client and the consultants emphasize highly on the quality of output, the consultants plan to undertake strict quality control measures. Measures were taken right from design to writing Final M&E Guidelines through sampling, preparation of tools, recruitment of good quality staff, administration of drafting work, close guidance and supervision at all stages, and in-depth data analysis for quality control. High emphasis of quality data input and high-quality analysis and presentation was attached. Therefore, the consultants have paid attention on the quality of questionnaire (schedule), quality of field staff (qualification and experience of the field staff), selection procedures for the field staff, training of field staff, supervision, editing of filled in questionnaire at field level and actions followed, and provision for reward/penalty for doing excellent/poor work.

Chapter II: Health and Nutrition Sectors

2.1 Overview – Health Sector

The Ministry of Health and Family Welfare (MOHFW) is responsible for health and family planning related policy, planning and decision making at macro and micro levels. The MOHFW focuses on to create opportunity for all common people of Bangladesh so that every individual can reach the highest level of health. The Honorable Minister for Health and Family Welfare, who is assisted by the Honorable State Minister for Health and Family Welfare, heads the ministry.

The Ministry of Health and Family Welfare of Bangladesh are mainly consisted of two divisions. They are Health Service Division and Medical Education and Family Welfare Division.

The Health Service Division has the following directorates and divisions:

1. Directorate General of Health Services
2. Health Engineering Department
3. Specialized Hospitals
4. Directorate General of Nursing and Midwifery
5. Directorate General of Drug Administration
6. Health Economics Unit
7. Essential Drug Company Limited

2.1.1 Directorate General of Health Services (DGHS)

The main functions of DGHS are the implementation of different health programs, health management, planning and execution of different policies through administration. The DGHS has one Director General (DG) supported by two Additional Director Generals, one for planning and development and the other for administration. There are several directors and line directors in head office as follows:

- Director (Administration)
- Director (Medical Education)
- Director (PHC & ITHC)
- Director (CMSD)
- Director (Planning and Research)
- Director (Finance)
- Director (Homeo and Traditional Medicine)
- Director (Disease Control)
- Director (Dental)
- Director (Hospital)
- Director (MBDC)
- Director (AIDS/STD)
- Director (MIS)
- Divisional Health office Directors

At the district level, it has Civil Surgeons' office and District Hospitals and at Upazila level, Upazila Health Complexes.

2.1.2 Health Engineering Department

Health Engineering Department is the associated inhouse engineering department of Ministry of Health and Family Welfare. To construct health and family planning infrastructure and to maintain a serviceable condition by doing proper maintenance to ensure better health facilities for the mass people is the main purpose of Health Engineering Department (HED). Since the beginning, HED is constructing, upgrading, renovating, expanding, repairing and maintaining all kind of health and family planning structure countrywide as per direction of the MOHFW and playing the leading role to

ensure better health facilities for the general people. HED is determined to construct well facilitated health infrastructure at least cost and limited manpower applying latest technology.

2.1.3 Directorate General of Nursing and Midwifery (DGNM)

The Directorate General of Nursing and Midwifery (DGNM) is the central body and focal point from which all activities relating to public sector nursing in Bangladesh are managed. This includes all involved in nursing and midwifery education and practices. Though regulation of nursing education and practice is the responsibility of the Bangladesh Nursing and Midwifery Council (BNMC), the BNMC works closely with the DGNM in regulating nursing and midwifery services.

The DGNM has similar responsibilities in terms of executive authority to other Directorates under the Ministry of Health and Family Welfare (MoHFW). The DGNM is a member of most policy-making committees at national level relating to health services and education within the public sector.

The DGNM is one of the four current Directorates within the MoHFW. It is the highest body for managing the overall administration of public sector nursing services and education in Bangladesh. Its main responsibilities are:

- National nursing policy development and application
- Strategic and operational planning
- Operational plan delivery, budget management and procurement as required
- Nurse and non-nurse employee administration, including appointments, promotions, transfers
- Pre-service and in-service educational planning and management: Nursing Institutes and Nursing Colleges
- Planning and management of development projects
- Annual awards for best performance in nursing education and services
- Coordination with BNMC
- Collaboration and coordination with other directorates, Ministries, national and international organizations

2.1.4 Directorate General of Drug Administration

The Directorate General of Drug Administration (DGDA) under the Ministry of Health & Family Welfare, Government of the People's Republic of Bangladesh, is the Drug Regulatory Authority of the country. This DGDA supervises and implements all prevailing Drug Regulations in the country and regulates all activities related to import, procurement of raw and packing materials, production and import of finished drugs, export, sales, pricing, etc. of all kinds of medicines including those of Ayurvedic, Unani, Herbal and Homoeopathic systems. At present, there are 47 district offices under the DGDA in the country. All the officers of the DGDA function as "Drug Inspector" in pursuant to the Drug Laws and assist the Licensing Authority to discharging his responsibilities properly. Besides, a number of Committees, such as Drug Control Committee (DCC), Standing Committee for imports of raw materials and finished drugs, Pricing Committee and a number of other relevant Committees, which comprise of experts of different fields, are there to advice Licensing Authority and recommend him about the matters related to drugs and medicines.

2.1.5 Health Economics Unit

Under the Health Economics Unit there are two different units:

- (a) Health Economics Unit (HEU); and
- (b) Gender, NGO and Stakeholder Participation.

Health Economics Unit: The Health Economics Unit is mainly delegated with producing research, conducting capacity building and developing policy advice pertaining to health economics and the health financing of the country. The unit also produces the national health accounts and public expenditure review on a routine basis.

The activities of HEU focus into four main areas. These are:

1. Policy Advice: In policy advice the health economics unit is playing a central coordinating role and working as focal point of some key activities in the development of the HNP sector. The HEU responds to Ad-hoc policy queries from the MOHFW as well as other related Ministry /Government Department (e.g. the Cabinet Division).
2. Strengthening Capacity: For capacity building in "Health Economics" HEU organizes foreign as well as local training/workshops. The broad areas of the training include: Basic Health Economics Principles and its uses in Bangladesh, Health Care Financing, Costing and Economic Evaluation of Health Care, Inequity in Health Care and Poverty, Health Economics Research Methodology.
3. Research and Development: The HEU concentrates on providing and commissioning policy relevant research related to Health Economics. The work encompasses both topics that are traditionally economical, such as the annual health Public Expenditure Review (PER), National Health Accounts (NHA), and also topics that have a broader social-science dimension where the insights of economics can be used together with other disciplines. Research studies were conducted in-house and commissioned to external research organizations. A good number of research/studies have been done in the areas of costing, resource/expenditure tracking, benefit incidence analysis, etc.
4. Dissemination: Dissemination is one of the main activities of HEU. Through seminars/workshops this activity is done. Specific research findings are disseminated through workshops/seminars. Moreover, to share the experience from the health economists around the world, sometimes HEU organizes Health Economics Conference as well. Experts from home and abroad in health economics present papers in the conference. GOB policy makers/planners, different stakeholders, NGOs and private sector representatives attend the conference.

Gender, NGO, Stakeholder Participation Unit (GNSPU): GNSPU has been formed with the aim to gender mainstreaming in the HPN sector and establishing the effective coordination among NGOs working in the gender issues. Activities of the GNSPU are described below:

1. Research and Policies: The GNSP Unit conducts researches and helps the Ministry of health and Family Welfare design gender responsive policies and activities.
2. Workshops: The unit organizes various gender sensitization workshops, training programs and seminars for enhancing the professional capacity of the health care providers and stakeholders in implementing the gender responsive policies and programs.
3. Strategy development: GNSP unit facilitates the Gender Advisory Committee to guide and identify areas of NGO participation and develop a strategy for NGO participation in the HPN sector. Furthermore, in order to bring about efficiency, the GNSP unit has been mandated with developing a strategy for Public Private Partnerships in the HPN sector.
4. Networking and Partnerships: HEU in carrying out its responsibilities works in partnership with a network of national and overseas organizations, institutions and faculties. The GNSPU has its own networks with local and international NGOs, working in the area of Gender.

2.1.6 Essential Drug Company Limited

Essential Drugs Company Limited (EDCL) is a 100% state owned Pharmaceuticals Company in Bangladesh. In the year 1962 it was functioning under the then Central Government in the name & style of Government Pharmaceuticals Laboratory (GPL) and subsequently it was renamed as Pharmaceuticals Production Unit (PPU) in the year 1979. In the interest of Public Health & smooth running of the organization, it was registered as a Public Limited Company under the Company's Act-1994. The Ministry of Health & Family Welfare of Bangladesh is its controlling authority. It was established in 1983 with the main objective of setting up an advanced pharmaceuticals industry in the Country for the local production of medicines and to supply these products inside the Country for public health and for Export. EDCL has developed a strong position in Bangladesh in Govt. Sector and is well positioned to sustain its growth and have a sound platform to serve export markets.

Its main objective is to manufacture quality drugs at an affordable price and supply to the Government Hospital and other Health Institutions. Since the inception of its production the company has been supplying Essential Drugs to the Government Hospitals, Civil Surgeon's Offices, Health Institutions of Government, Non-Government and International (Non-profit making) Organizations like UNICEF, WHO, ICDDRDB etc.

2.1.7 Health Sector Medical Equipment and Supplies

To deliver health care services in public sector, numerous numbers of medical equipment, instruments and accessories are procured involving huge investments. Director, Central Medical Storage Depot (CMSD) of DGHS is responsible to procure, storage and distribution of goods at all levels of service delivery facilities. To get oriented with the equipment and its use are briefly presented below:

Autoclave: This is an autoclave that is used in a **medical** facility. The autoclave carries out that exact function of sterilizing materials. It is a machine that uses pressure and steam to reach and maintain a temperature that is too high for any microorganisms or their spores to live. It can sterilize solids, liquids, hollows, and instruments of various shapes and sizes. Autoclaves vary in size, shape and functionality. A very basic autoclave is similar to a pressure cooker; both use the power of steam to kill bacteria, spores and germs resistant to boiling **water** and powerful detergents.



Color-Doppler-Ultrasound-Machine: A **Doppler ultrasound** is a noninvasive test that can be used to estimate the **bloodflow** through your blood vessels by bouncing high-frequency sound waves (**ultrasound**) off circulating red blood cells. A regular **ultrasound uses** sound waves to produce images, but can't show **blood flow**. It is a quick, painless way to check for problems in the body. Doctor can **use** it to check for issues with **blood flow**, such as clots in.....





CT Scanner Machine: Computed Tomography (CT) is a scanning technique that uses X-Rays to take highly detailed images of the body. A CT scan can give detailed information about many parts of the body, including the lungs, bones, soft tissues, heart and blood vessels. It can be used to diagnose and monitor many conditions.



Digital X-ray Machine: Film x-ray technology **costs** less than digital x-ray technology. But long-term exposure to film x-rays can be harmful to a patient's overall dental health due to the increased amounts of radiation needed to expose these types of films. Not only do **digital x-rays** expose patients and staff to up to 90% less radiation than traditional film **x-rays**, they also have the following additional benefits: They are **better** for the environment because they don't require developing. They can be viewed on a computer monitor within seconds of taking the image.

ECG Machine: An **electrocardiogram (ECG)** is a test which measures the electrical activity of your heart to show whether or not it is working normally. An **ECG** records the heart's rhythm and activity on a moving strip of paper or a line on a screen.



Hematology Analyzer: This equipment is used to run tests on blood samples. They are used in the medical field to do white blood cell counts, complete blood counts, reticulocyte analysis, and coagulation tests. Features vary from one **hematology analyzer** to another, such as closed vial testing and open sampling testing.



Mammography-Machine



Microscope-1

Mammography-Machine: Mammograms are used as a **screening tool** to detect early breast cancer in women experiencing no symptoms. They can also be used to detect and diagnose breast disease in women experiencing symptoms such as a lump, pain, **skin dimpling** or nipple discharge.

Microscope-1: It uses lenses in order to magnify the objects so that it can be seen through the naked **eye**. A microscope is of different types: Visible-light microscope [1] - Also known as optical or light microscope. It uses visible light as the source and can be used to view objects as small as 0.2 microns.

Operation Table: A patient lies on the **operating table** during a **surgical** procedure. The purpose of **asurgical table** is to keep the patient in place while the **surgical** team operates, and may move various parts of the body using **surgical table** accessories for easier access to the **surgical** site.





Suction Machine



Ultrasound Machine

Suction Machine: Suction machine is to be used to clear the airway of blood, saliva, vomit, or other secretions so that a patient may breathe. ... In pulmonary hygiene, **suction** is used to remove fluids from the airways, to facilitate breathing and prevent growth of microorganisms.

Ultrasound Machine: An ultrasound machine makes images so that organs inside the body can be examined. The machine sends out high-frequency sound waves, which reflect off body structures. A computer receives the waves and uses them to create a picture. Unlike with an x-ray or CT scan, this test does not use ionizing radiation.



Ventilator



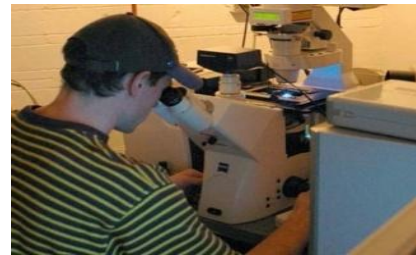
Electron Microscopy

Ventilator: A **ventilator** also may be used during treatment for a serious lung disease or other condition that affects normal breathing. Some people may need to **use ventilators** long term or for the rest of their lives. In these cases, the machines can be used outside of the hospital—in long-term care facilities or at home.

Electron Microscopy: The Facility for Electron Microscopy Research (FEMR) is a world-class. The FEMR offers a comprehensive range of electron microscopy (EM) resources, expertise and services for both routine and advanced sample preparation, electron microscopy imaging, and analysis of

biological matter, hydrated and beam-sensitive materials, and ambient temperature materials. The success of the FEMR is the result of the combination of scientific expertise, experienced technical staff and well-maintained, state-of-the-art research infrastructure. This infrastructure facilitates both cutting-edge and more traditional tools in EM research.

Confocal Microscopy: The Anatomy and Cell Biology Confocal Microscopy facility possesses a Zeiss 510 laser scanning microscope equipped with three detectors, including a META detector. This instrument is suitable for fixed- and live-cell observation of a wide variety of sample types.



Patient Monitor

- Arrhythmic Analysis, Multi-Lead ECG Waveforms Display in Phase, Real time S_T segment analysis, pacemaker detection
- Drug calculation and titratiotable;
- Efficient resistance to interference of defibrillator and electrosurgical cautery;
- SPO2 can testing for 0.1% Weak;
- 4. RA-LL impedance Respiration;
- 5. Trend Coexist Display;
- 6. OxyCRG Dynamic View Display;
- 7. Bed to Bed view Display;
- 8. Networking capacity and nurse calling system;
- 9. Options of printing, IBP, VGA and EtCO2;
- 10. UP to 4 hours working capacity of built-in rechargeable battery;
- 11.15" high resolution color TFT LCD display;
- 12. Large volume of tabular and graphic trends information storage and easy to recall;



High Frequency Mobile Surgical X-ray System

Use for surgery for removing foreign body, cardiac catheter, implanting pace maker, interventional therapy, partial radiography, local photography, and other work.

Portable Ultrasound: The Portable Ultrasound System delivers a powerhouse of features in an exceptionally mobile package. The ultrasound system is a fully featured portable diagnostic ultrasound platform designed from the ground up with a relentless focus on delivering unexpected levels of innovation and performance. Born of a vision to deliver meaningful innovations that solve real clinical challenges the features a distinctive design, definitive image quality, intelligent workflow and intrinsic quality.



Guttman OB/GYN Retractors: All surgical instrumentation products are manufactured with surgical grade German stainless steel. These high-quality utensils are manufactured in the United States and are backed by a 1-year manufacturer's warranty. Order one today and find out why Marina Medical is one of the fastest-growing manufacturers of surgical instrumentation in the country.

Emergency, ambulance and healthcare concept. Medical surgical instrument and laboratory equipment, bandage and medical tests isolated on white background closeup view with selective focus.



Standard surgical instruments on the blue sterilized blue wrap



Close up of nurse's hands washing medical instrument after operation

Department of Medicine

The **Center for Translational Medicine (CTM)** aims to bridge basic scientific discoveries with physicians' needs for their patients. At the forefront of academic health care, the Center focuses on cutting-edge basic molecular biomedical research and its translation into the most efficient and tailored forms of diagnosis and treatment as well as modes of prevention



Postpartum Hemorrhage (PPH) Kit

Postpartum hemorrhage (PPH) Kit: PPH Kit is consists of a set of instruments and medicines used in the Operation Theater (OT). Brief description of instruments and medicine is presented below.

2-Way Foley Sterimed Foley Balloon Catheter: The doctor will clean the perineal area using a medical solution. Using forceps, they will move the tip of the Foley catheter through the opening in the cervix. The balloon will be just beyond the cervix, but outside the amniotic sac. They will fill the Foley balloon with about 30 milliliters of sterile water. A Foley balloon catheter may be used for labour induction to help dilate the cervix.



Product Description: Used for short/long term urine drainage. Made from natural latex rubber Siliconised smooth surface for atraumatic catheterization Polymer coating on inside surface – for greater inner diameter and high flow Minimizes encrustation and subsequent catheter blockage and failure Smooth eye, ultra thin highly elastic balloon and hard non-return valve for trouble free inflation and deflation.

Rubber Catheter: Red rubber catheters are used like other straight catheters. The catheter is inserted through the urethra into the bladder. Small openings in the tip, called eyelets, allow urine to flow through the catheter and exit the body. Red rubber catheters are designed to be used once and then thrown away.



Normal Saline 500 ml: Saline, also known as saline solution, is a mixture of sodium chloride in water and has a number of uses in medicine. Applied to the affected area it is used to clean wounds, help remove contact lenses, and help with dry eyes. By injection into a vein it is used to treat dehydration such as from gastroenteritis and diabetic ketoacidosis. It is also used to dilute other medications to be given by injection.

Large amounts may result in fluid overload, swelling, acidosis, and high blood sodium. In those with long-standing low blood sodium, excessive use may result in osmotic demyelination syndrome. Saline is in the crystalloid family of medications. It is most commonly used as a sterile 9 g of salt per litre (0.9%) solution, known as normal saline.^[1] Higher and lower concentrations may also occasionally be used. Saline has a pH of 5.5 making it acidic.

The medical use of saline began around 1831. It is on the World Health Organization's List of Essential Medicines, the most effective and safe medicines needed in a health system.

ORS: Oral Rehydration Salts (ORS): ORS is used to replace fluids and minerals (such as sodium, potassium) lost due to diarrhea and vomiting. It helps prevent or treat the loss of too much body water (dehydration). Having the right amount of fluids and minerals is important for the normal functioning of the body. Method of Preparing the ORS Drink Put the contents of the ORS packet in a clean container. Check the packet for directions and add the correct amount of clean water. Add water only. Do not add ORS to milk, soup, fruit juice or soft drinks. Stir well, and feed it to the child from a clean cup. Do not use a bottle.



Injection needle and Syringe: A syringe is a simple reciprocating pump consisting of a plunger (though in modern syringes it's actually a piston) that fits tightly within a cylindrical tube called a barrel.^[2] The plunger can be linearly pulled and pushed along the inside of the tube, allowing the syringe to take in and expel liquid or gas through a discharge orifice at the front (open) end of the tube. The open end of the syringe may be fitted with a hypodermic needle, a nozzle or a tubing to help direct the flow into and out of the barrel. Syringes are frequently used in clinical medicine to administer injections, infuse intravenous therapy into the bloodstream.



Intravenous (IV) Canula: A cannula (*/ˈkænjʊlə/*; from Latin "little reed"; plural *cannulae* or *cannulas*)^[1] is a tube that can be inserted into the body, often for the delivery or removal of fluid or for the gathering of data. In simple terms, a cannula can surround the inner or outer surfaces of a trocar needle thus extending the effective needle length by at least half the length of the original needle. It is also called an intravenous (IV) cannula. Its size mainly ranges from 14 to 24 gauge. Different-sized cannula have different colours as coded.



Decannulation is the permanent removal of a cannula (extubation), especially of a tracheostomy^[3] cannula, once a physician determines it is no longer needed for breathing.

Sims Speculum: A Sim's speculum can be used to assess prolapse: Ask the patient to lie on her left side and bring her knees to her chest. Insert the blade of the speculum along the posterior wall of the vagina to hold it back.



Sponge holding: Use of a Rampley's *Sponge Holding Forceps* to Facilitate Stapled Haemorrhoidectomy. In stapled haemorrhoidectomy, a circular anal dilator is inserted and the purse-string suture anoscope then used to reduce three-quarters of the circumference of prolapsing mucosa whilst the suture is inserted.



Drug Anti Biotic: An antibiotic is a type of antimicrobial substance active against bacteria and is the most important type of antibacterial agent for fighting bacterial infections. Antibiotic medications are widely used in the treatment and prevention of such infections. They may either kill or inhibit the growth of bacteria. A limited number of antibiotics also possess antiprotozoal activity. Antibiotics are not effective against viruses such as the common cold or influenza; drugs which inhibit viruses are termed antiviral drugs or antivirals rather than antibiotics.



Tab. Cytomis 200: Anti-ulcerant dosage & administration: The recommended adult oral dose for reducing the risk of NSAID-induced gastric ulcers: 200 mcg Misoprostol four times daily with food. If this dose cannot be tolerated, a dose of 100 mcg can be used. Misoprostol should be taken for the duration of NSAID therapy as prescribed by the physician. Misoprostol should be taken with a meal, and the last dose of the day should be at bedtime.



Renal impairment: Adjustment of the dosing schedule in renally impaired patients is not routinely needed, but dosage can be reduced if the 200 mcg dose is not tolerated.
 Gynecological dosage & administration-
 Induction of Labor: 25 mcg vaginally 6 hourly or, 50 mcg orally 4 hourly.
 Postpartum Hemorrhage (PPH) prophylaxis: 400 mcg to 600 mcg orally or rectally immediately following delivery of the child.
 Postpartum Hemorrhage (PPH) treatment: 1,000 mcg rectally or, 200 mcg orally with 400 mcg sublingually.

Injection Tracid: Tracid Injection is a medicine that is used for the treatment of Heavy menstrual bleeding, Blood clotting problems, Severe loss of blood, Swelling in various body parts and other conditions. The complete list of uses and indications for Tracid Injection is as follows:

- Heavy menstrual bleeding
- Blood clotting problems
- Severe loss of blood
- Swelling in various body parts
- Tracid Injection may also be used for purposes not listed here.



Eclampsia Kit

Eclampsia Kit: Eclampsia Kit is consists of a set of instruments and medicines used in the Operation Theater (OT). Brief description of instruments and medicine is presented below.

Folic Catheter with Urine Bag: The Foley catheter is a tube that helps drain urine from the bladder. It is used by some patients who have had urological or gynecological surgery, or who have a condition that makes urination difficult. The urinary (Foley) catheter is placed into the bladder through the urethra, the opening through which urine passes. The catheter is held in place in the



bladder by a small, water-filled balloon. In order to collect the urine that drains through the catheter, the catheter is connected to a bag. It is either a regular (large bag) drainage bag or a small leg bag.

Intravenous (IV) Canula: A cannula (*/ˈkænjʊlə/*; from Latin "little reed"; plural *cannulae* or *cannulas*) is a tube that can be inserted into the body, often for the delivery or removal of fluid or for the gathering of data. In simple terms, a cannula can surround the inner or outer surfaces of a trocar needle thus extending the effective needle length by at least half the length of the original needle. It is also called an intravenous (IV) cannula. Its size mainly ranges from 14 to 24 gauges.



Normal Saline 500 ml: Saline, also known as saline solution, is a mixture of sodium chloride in water and has a number of uses in medicine. Applied to the affected area it is used to clean wounds, help remove contact lenses, and help with dry eyes. By injection into a vein it is used to treat dehydration such as from gastroenteritis and diabetic ketoacidosis. It is also used to dilute other medications to be given by injection. Large amounts may result in fluid overload, swelling, acidosis, and high blood sodium. In those with long-standing low blood sodium, excessive use may result in osmotic demyelination syndrome. Saline is in the crystalloid family of medications. It is most commonly used as a sterile 9 g of salt per litre (0.9%) solution, known as normal saline. Higher and lower concentrations may also occasionally be used. Saline has a pH of 5.5 making it acidic. The medical use of saline began around 1831. It is on the World Health Organization's List of Essential Medicines, the most effective and safe medicines needed in a health system. The wholesale cost in the developing world is about US\$0.60–4.20 per liter of normal saline.



Injection needle and Syringe: A syringe is a simple reciprocating pump consisting of a plunger (though in modern syringes it's actually a piston) that fits tightly within a cylindrical tube called a barrel.^[2] The plunger can be linearly pulled and pushed along the inside of the tube, allowing the syringe to take in and expel liquid or gas through a discharge orifice at the front (open) end of the tube. The open end of the syringe may be fitted with a hypodermic needle, a nozzle or a tubing to help direct the flow into and out of the barrel. Syringes are frequently used in clinical medicine to administer injections, infuse intravenous therapy into the bloodstream.



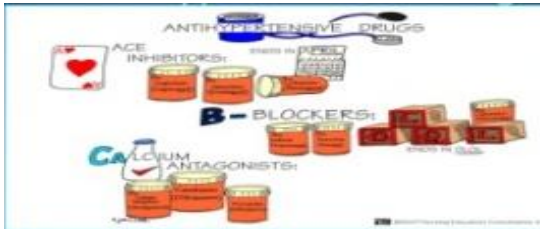
Magnesium Sulphate: Magnesium sulfate, commonly known as Epsom salt, is a mineral. It works by replacing magnesium in the body and increasing water in the intestines. Magnesium sulfate can be used orally as a laxative to relieve occasional constipation, and to treat low levels of magnesium.



Ampul Calcium Gluconate: Calcium gluconate is the calcium salt of gluconic acid, an intravenous medication used to treat conditions arising from calcium deficiencies such as hypocalcemic tetany, hypocalcemia related to hypoparathyroidism, and hypocalcemia due to rapid growth or pregnancy.

Air way tube: An oropharyngeal airway (also known as an oral airway, OPA or Guedel pattern airway) is a medical device called an *airway adjunct* used to maintain or open a patient's airway. It does this by preventing the tongue from covering the epiglottis, which could prevent the person from breathing. When a person becomes unconscious, the muscles in their jaw relax and allow the tongue to obstruct the airway.





Anti hypertensive drug



Distilled Water

Anti hypertensive drug: There are many classes of antihypertensives, which lower blood pressure by different means. Among the most important and most widely used drugs are thiazide diuretics, calcium channel blockers, ACE inhibitors, angiotensin II receptor antagonists (ARBs), and beta blockers.

Distilled Water: Drinking Distilled Water. Distillation boils away the impurities making distilled water a very clean water to drink. In fact so clean, that distilled water may taste flat due to the minerals being stripped from the water.

Emergency Kit

Emergency Kit: Emergency Kit is consists of a set of instruments and medicines used in the Operation Theater (OT). Brief description of instruments and medicine is presented below.

Intravenous (IV) Canula: A cannula (*/'kænju:lə/*; from Latin *"little reed"*, plural *cannulae* or *cannulas*) is a tube that can be inserted into the body, often for the delivery or removal of fluid or for the gathering of data. In simple terms, a cannula can surround the inner or outer surfaces of a trocar needle thus extending the effective needle length by at least half the length of the original needle. It is also called an intravenous (IV) cannula. Its size mainly ranges from 14 to 24 gauges. Different-sized cannula has different colours as coded. Decannulation is the permanent removal of a cannula (extubation), especially of a tracheostomy cannula, once a physician determines it is no longer needed for breathing.

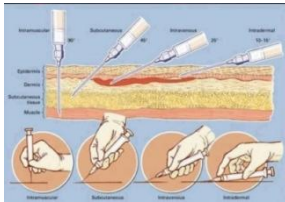


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Adrinol Intravenous (IV)/Intramuscular (IM): Intravenous (IV)/Intramuscular (IM) is followed by rapid rehydration with IV administration of 0.9% saline solution (or equivalent). Please maintain the patient on hydrocortisone at a dose of 200mg hydrocortisone per 24 hours (preferably by continuous IV. infusion, alternatively by IV. or IM.





SC Injection: Insert the needle into the skin: Hold the syringe barrel tightly and use your wrist to inject the needle into the skin. Once the needle is all the way in, push the plunger down to inject the medicine. Pull out the needle: Remove the needle at the same angle you put it in. Gently wipe the area with the gauze pad.



Sodium Bicarbonate



Atropine



Pethidine

Sodium Bicarbonate: Sodium bicarbonate, also known as baking soda, is used to relieve heartburn, sour stomach, or acid indigestion by neutralizing excess stomach acid. When used for this purpose, it is said to belong to the group of medicines called antacids. It may be used to treat the symptoms of stomach or duodenal ulcers.

Atropine: Atropine Injection is given before anaesthesia to decrease mucus secretions, such as saliva. During anaesthesia and surgery, atropine is used to help keep the heart beat normal. Atropine sulfate is also used to block or reverse the adverse effects caused by some medicines and certain type of pesticides.

Pethidine: Pethidine hydrochloride may be used as an analgesic for the relief of moderate to severe pain including: obstetric analgesia; pre-operative medication and analgesia during anaesthesia; post-operative analgesia.

2.2 Overview - Nutrition Sector

2.2.1 Background

Nutrition is the study of the food people use and how their bodies use that food. Like nursing, nutrition is both a science and an art. The science of nutrition is concerned with the body's requirements for food to maintain life. This is based upon scientific knowledge and research. The art of nursing is more concerned with how foods and food information is presented.

Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. The term malnutrition covers 2 broad groups of conditions. One is 'under nutrition'—which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is overweight, obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and cancer).

Wasting refers to the weight and height of children under 59 months are used as proxy measures for the general health of the entire population. Weight-for-height (wasting) provides the clearest picture acute malnutrition in a population at a specific point in time.

Moderate Acute Malnutrition (MAM) is identified by moderate wasting WFH < -2z-score and > -3z-score for children 0-59 months (or for children 6-59 months, MUAC < 125mm and > 115mm).

Severe Acute Malnutrition (SAM) is identified by severe wasting WFH < -3z-score for children 0-59 months (or for children 6-59 months, MUAC < 115mm) or the presence of bilateral pitting edema. The purpose of nutrition monitoring and evaluation is to determine and measure the amount of progress made for the nutrition intervention and whether the nutrition related goals/expected outcomes are being met. The aim is to promote more profession in assessing the effectiveness of nutrition intervention.

Although there has been a decline in rate of underweight children over the years, the rates of underweight, stunting and wasting are still above the WHO's thresholds for very high levels, typically found in emergency situations. According to BDHS-2011, 41% of under-five children are stunted, 36% are under weight and 16% are wasted. The causes are multi-factoreal which includes lack of exclusive breastfeeding, inappropriate complementary feeding, lack of personal hygiene and recurrent infections etc.

Deficiencies in key micronutrients continue to be a public health challenge in Bangladesh. Vitamin A deficiency was identified as a public health problem since 1960's and has been the single most important preventable cause of night blindness in children. In last 25 years, vitamin A supplementation program targeting children 9 - 59 months of age has been implemented by the IPHN which reduces night blindness in children 12-59 months of age living in rural areas reduced from 3.5% (1983) to 0.62% (1998). To eliminate vitamin-A deficiency in the population, supplementation is planned for two rounds Vitamin A plus campaign every year with targeting children 6-59 months of age; sustainable improvements in dietary vitamin-A can be achieved with fortification of edible oil and other foods.

Based on the urinary iodine out-put in school going children, the IDD problem in Bangladesh is classified as mild. According to the National Micronutrient Survey (2011-12), only 58% of household salt is adequately iodized (≥ 15 ppm). Unlike iodine and vitamin A deficiency, over the years there has been very limited progress on anemia. Anemia is widespread across the different age groups, with 48% of pregnant women, 46% of lactating mother (BDHS 2007) and around 33% of pre-school aged children, 19% school aged children and 26% non-pregnant non lactating women (National Micronutrient Survey, 2011-12). Low birth weight is also very high in this country that needs intervention. Over nutrition and its complications are also an emerging public health problem in urban area.

2.2.2 General Objective

To reduce the prevalence rate of malnutrition of the people of Bangladesh, particularly, the children, women, adolescents and underprivileged section of the society.

2.2.3 Specific objectives

1. To implement a mainstreamed, comprehensive package of nutrition services to reduce maternal and child malnutrition and ensure universal access;
2. To develop and strengthen coordination mechanism with the key relevant sectors (especially Ministry of Food and disaster management, Ministry of Agriculture, Ministry of women and children affairs, Ministry of Information, Ministry of Education, Ministry of Livestock and Fisheries, Ministry of Local Government and rural Development and Cooperative, etc) to ensure multi-sectoral response to malnutrition.
3. To strengthen the human resource capacity to manage, supervise, and deliver nutrition services at the different levels of the health and family planning services
4. To strengthen nutrition management information system and operations research to ensure evidence- based response and establish linkage with HIS.

2.2.4 Nutrition Strategy in 7th five years plan

Nutrition is one of the largest sectors of the government and its commitment to deliver quality nutrition services for all continues in the 7th FYP. A strategy for nutrition planning is outlined in the National Food Policy (2006) and the National Food Policy Plan of Action -NFP PoA (2008-2015), which was developed by 11 line ministries. The main objectives of the NFP PoA are to achieve adequate and stable supply of safe and nutritious food for everyone, especially women and children. The Institute of Public Health and Nutrition (IPHN) of DGHS has been assigned as the institutional home for nutrition. Nutrition Programme of the MoHFW has been mainstreamed within the DGHS and DGFP through a new operational plan for National Nutrition Services (NNS) will be used to provide regular nutritional services. The responsibilities of relevant sectors and institutions will be expanded and capacity developed accordingly. Capacities of the Community Clinics, Upazila health complexes and district hospitals will be further strengthened to adequately manage severely malnourished cases. Given the current scenario and projections of population growth, the population subsector of HNP is particularly important for future development of Bangladesh. Information, Education and Communication (IEC) activities with special emphasis on mass communication and considering local specificities; and iii) Strengthening advocacy for male participation in permanent and other methods of contraception.

2.2.5 Sustainable Development Goals (SDGs) 2017-2030

- End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.2.6 SDGs Target

- Consolidation of Food Transfer Programmes as suggested by National Social Security Programme
- Reduce proportion of stunting among under five children from 36.1% to 25%
- Reduce proportion of underweight children among under-five children from 32.6% to 20%

2.2.7 Nature of ADP to deliver National Nutrition Services (2018-19)

Under the National Nutrition Services, there are number of services are being implementing all over the country through different directorates, district hospitals, upazila health complexes, community clinics etc. simultaneously. The progress as well quality of these services needs to be monitored for proper implementation of services within stipulated time to achieve the program objectives. As the Implementation Monitoring & Evaluation Division (IMED) of Planning Commission of Bangladesh is the focal point to oversee the progress of these services, therefore, all concerned personnel of IMED needs to be enhance the capacity for proper monitoring and evaluation. In order to proper monitoring and evaluation of the nutrition services, a need based monitoring and evaluation guideline need to be developed. In this context, IMED has taken decision, to develop monitoring and evaluation guideline for nutrition services. The proposed M&E guideline will help the all concerned personnel for proper monitoring and evaluation of nutrition services. The nutrition services in Bangladesh are as follows:

2.2.7.1 Nutrition specific activities:

- Promote, protect, & support infant young child feeding (IYCF) practices
- Promote maternal nutrition
- Promote adolescent nutrition
- Control micronutrient deficiencies
- Management of moderate and severe acute malnutrition
- Nutrition services for elderly population
- Nutrition services in emergencies
- Growth monitoring and promotion (GMP)

- Deworming program for children 24-59 months
- Prevention of overweight/obesity
- Social Behavioral Change Communication (SBCC) on nutrition

2.2.7.2 Nutrition sensitive activities

- Food safety program
- Good hygiene practices including WASH at all level
- Food fortification

2.2.7.3 System strengthening

- Revitalization of Bangladesh national nutrition council (BNCC)
- Multi-sectoral coordination, collaboration of nutrition activities across different sectors at national and sub-national level
- Human resource development in nutrition
- Strengthen legal protection of nutrition related legislations
- Strengthen nutrition supply chain management
- Monitoring, surveillance, survey, research and evaluation
- Nutrition information system
- Strengthen nutrition services in garment industries & other sectors, hard to reach areas and urban slums
- Strengthening and expansion of IMCI-nutrition corner

2.2.7.4 Modalities of implementation arrangement (Nutrition service delivery)

- Nutrition service delivery at district hospital
- Nutrition service delivery at upazila health complex
- Nutrition service delivery at union facility level
- Nutrition service delivery at community clinic level
- Nutrition service delivery at community level

2.2.8 Methodology of Nutrition Program Monitoring

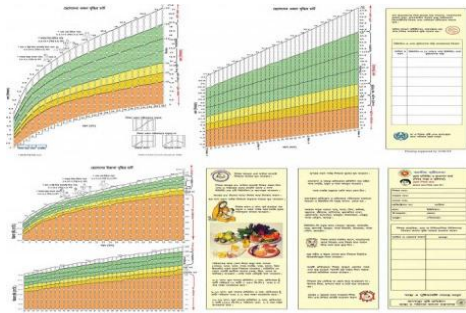
In order to obtain progress information of the nutrition program, the following methods may be used depending upon the project size/length. Monitoring could be carried using multiple methods. These are as follows:

- Review monthly reports both program and financial
- Meeting with project personnel
- Interview with the project management personnel
- Interview with the service providers
- Interview with beneficiaries/service recipients
- Visit project site (Observation at project site)

2.2.9 Monitoring tools/instrument

The following tools/instruments will be used for monitoring of nutrition program. These are as follows:

- Checklist for monthly report review
- Checklist for meeting with project personnel
- Monitoring checklist for project management personnel
- Monitoring checklist for service providers
- Monitoring checklist for beneficiaries
- Observation checklist for observation



Growth Monitoring Chart



MUAC Tape

2.2.10 Monitoring of Nutrition Program

There are numbers of service programs/projects are being implementing under the IMED through different departments/organizations in the country. These program/projects needs to be monitored in systematic approaches to get up-to-date information about the program. The details of the program/project monitoring is stating below:

Progress Monitoring of Nutrition Program/Project

Name of the program/Project	Target of the program/project	Achievements (Present status)	Achievements in %
1.			
2.			
3.			

Financial Monitoring of Program/Projects

Name of the program/Project	Source of fund	Allocation of fund	Expenditure of fund	Status of utilization of fund in %

Chapter III: Family Welfare and Medical Education Sectors

The Medical Education and Family Welfare Division of the Ministry of Health and Family Welfare of Bangladesh have the following directorates and divisions:

1. Directorate General of Family Planning
2. NIPORT
3. Bangladesh Medical and Dental Council (BMDC)
4. Bangladesh Nursing and Midwifery Council (BNMC)
5. Medical Colleges and Universities
6. Nursing Colleges and Institutes
7. Unani, Ayurvedic, and Homeopathic Colleges and Board

3.1 Directorate General of Family Planning (DGFP)

Directorate General of Family Planning: Bangladesh Family Planning Program evolved through a series of development phases that took place during the last 52 years. Family planning efforts in this country began in the early 1950s with voluntary efforts of a group of social and medical workers. Categorical FP program emerged during 1965-95 with the objective to control population growth as a strategy of economic development. The Family Planning Program in Bangladesh has undergone several transitional phases. The phases may be illustrated as follows:

3.1.1 Phase I: 1953-59: Voluntary and semi-government efforts

Family Planning Association initiated family planning program in 1953 as a voluntary effort. The effort was limited to the small scale contraceptive distribution services in urban areas particularly through hospitals and clinics.

3.1.2 Phase II: 1960-64: Government sponsored clinic-based Family Planning Program

In 1960 the government sponsored clinic-based family planning activities under health services started. The Government set up a target of providing family planning services to 6.7 percent eligible couples and opened a family planning center in every hospital and Rural Dispensary.

3.1.3 Phase III: 1965-70: Field-based Government Family Planning Program

The family planning program was launched throughout the country as a priority program. A massive field oriented family planning program administered by a BOARD. Full time field staff and part-time village organizers known as dai (a female village mid-wife) were recruited and trained to provide motivation and service close to the door-steps of the rural people. Selected clinical and non-clinical methods offered.

3.1.4 Phase IV: 1972-74: Integrated Health & Family Planning Program

Administrative process for decision-making was shifted from the autonomous Family Planning Board and the Council to the Ministry of Health and Family Planning. Family planning services functionally integrated with health services at the field level. Oral pill was introduced in the family planning program as a method of contraception. The provision of part-time village level dais was abolished.

3.1.5 Phase V: 1975-80: Maternal and Child Health (MCH)-based Multi-sectoral Program

In August 1975, a separate Directorate of Family Planning and an independent Division of Population Control and Family Planning in the Ministry of Health were created. A National Population Council - the highest policy making body - was constituted with the President of the People's Republic of Bangladesh as the chairman and development-concerned ministries as members.

A Central Co-ordination Committee was also formed with the Minister for Health and Family Planning as chairman and secretaries of concerned ministries as members to coordinate implementation and review progress of multi-sectoral population activities under different ministries. In January 1976, the Government declared the rapid growth of population as the number-1 problem of the country. In June 1976, the Government approved a National Population Policy outline. Full-time male and female field functionaries were recruited on regular basis to cause a thrust of the MCH-FP program in rural Bangladesh.

3.1.6 Phase VI: 1980-85: Functionally Integrated Program

Delivery of MCH-FP services were functionally integrated with Health at Upazila level and below. MCH-FP became also a function of health officials. The National Population Council (NPC) was reconstituted into a high powered National Council for Population Control (NCPC) headed by the President of the Council of Ministers.

An Executive Committee headed by the Minister for Health and Population was formed. A unified command had been established at the top by the merger of the two divisions of Health and Population Control under one Secretary of the Ministry of Health and Population Control. Upazila Family Planning Committee had been formed to be chaired by the Chairman of Upazila Parishad for facilitating implementation of the program at the local level.

3.1.7 Phase VII: 1985-90: Intensive Family Planning Program

During this phase, a broad-based multi-dimensional intensive MCH-based family planning program was launched. Improved family planning and MCH services were provided. Rapid FP-MCH infrastructural development by commissioning more service centers (Union Health & Family Welfare Centers---UH & FWC) in rural areas was initiated. Unit-wise FWA registers were introduced for record keeping family planning and demographic events of households. Satellite clinic - an outreach activity – was introduced to deliver MCH-FP services in remote & rural areas. Involvement of community leaders and NGOs was increased. Branch of National Council for Population Control was setup in each district under the chairmanship of District coordinator. FP-MCH program as “Social Movement” was launched.

3.1.8 Phase VIII: 1990-95: Reduction of rapid growth of population through intensive service delivery and community participation

- Expansion of MCH-FP service delivery with enhanced quality of care;
- Increased resource allocation for program implementation;
- Promoting family planning as an integral part of development activities through inter-sectoral collaboration. Mobilizing community support and participation;
- Increased involvement of NGOs and private sectors for supplementing and complementing government efforts;
- Enhancing women’s status through education and participation in social, economic and political life;
- (The Family Planning program had been implemented through an interim plan during 1995-97).

3.1.9 Phase IX: 1998-2003: Health and Population Sector Program (HPSP)

Health and Population Sector Program was introduced in 1998. However, the government upon review, decided in January 2003 to re-establish separate organizational structures and authority for health and family planning as they existed before July 1998.

3.1.10 Phase X: 2003-2011: Health, Nutrition and Population Sector Program (HNPSPP)

To overcome the multidimensional problems and to meet the challenge according to the spirit of the International Conference on Population and Development (ICPD), the Government of Bangladesh launched the Health, Nutrition and Population Sector Program (HNPSPP) in 2003. This aimed to reform the health and population sector. The program entails provision of a package of essential and quality

health care services responsive to the needs of the people, especially those of children, women, elderly and the poor.

Within the HNPS, the health and family planning structure is now functioning under separate management system. In the meantime, the FWA register and house visitations by the FWAs have been reintroduced in the program after 5 years. The MIS unit of the Family Planning Directorate has been functioning independently as before after 5 years and started publishing monthly reports on performance of RH, FP-MCH. The ultimate goal of the HNPS is to achieve NRR-1 by the year 2011.

The priority objectives of the HNPS are:

1. To reduce Total Fertility Rate (TFR) from 3.3 to 2 by the year 2011.
2. To increase Contraceptive Prevalence Rate (CPR) from 55.8 % to 72% by the year 2011.
3. To reduce Maternal Mortality Rate (MMR) from 3 to 2.75 by the year 2011.
4. To reduce Infant Mortality Rate (IMR) from 52 to 37 per 1000 live birth by the year 2011.
5. To reduce Child Mortality Rate (Under 5) from 65 to 52 per 1000 live birth by the year 2011.
6. To reduce burden of TB and other diseases and To reduce malnutrition.

3.1.11 Phase XI: 2011-2016: Health, Nutrition and Population Sector Development Program (HNPSDP)

Bangladesh has achieved success in family planning programs against the backdrop of low literacy rate, low status of women, low income and so on. Despite this, one must note that due to past high fertility and falling mortality rates, Bangladesh's population has a tremendous growth potential built into its age structure. So, population continues to remain as one of the most important nation's problems as well as one of the major causes of poverty. Considering the fact, government has initiated to update the population policy 2004. Major successes in population sector programs were achieved in expanded access to family planning services with introduction of a broader range of modern and effective methods. Replacement level of fertility by 2016 at the earliest is the priority vision of the GOB.

In line with this vision present TFR of 2.3 children per woman (in 2011) needs to be reduced to 2.0 children per woman to attain net Reproductive Rate (NRR) =1 by 2016. To achieve replacement level of fertility by 2016, corresponding CPR has to be increased to 74% by mid-2016 from 61.2% (in 2011). Further efforts proposed to shift family planning use patterns towards more effective, longer lasting and lower-cost clinical and permanent methods covering low performing areas. But the major impact on fertility will be achieved by raising the age of marriage, which will push up age at first birth, and again trigger a tempo effect, to bring fertility down. Mother and Child Welfare Centers (70) under DGFP are considered as centers of excellence for emergency obstetric care services. Upgrading one third MNCH centers to provide adolescent friendly and reproductive health services and reducing adolescent pregnancies through BCC/IEC are the important activities under DGFP. Highlight of activities under Population Sub Sector of HNPSDP are as follows:

- Continuing and strengthening domiciliary services
- Strengthening IEC activities through multi-sectoral approach
- Introducing new approach; providing targeted HR, logistics and other management support; and strengthening monitoring and supervision at low performing and hard to reach area
- Ensuring commodity security and diversify local product
- Continuing Commodity Supply chain
- Ensuring community participation
- Institutionalization of Local Level Planning
- GO- NGO Collaboration and Public Private Partnership
- Increasing male participation
- Gender sensitization
- Ensuring quality of services
- Introducing new brand of contraceptives
- ICT and web based communication and monitoring
- Addressing infertility (3-5% of population.)

- Ensuring Human resources forecasting, management and development
- Introducing International Accounting Standard (IAS) from H.Q to field Offices / Ensuring Proper financial management from headquarter to field level
- Expanding FP services at urban areas (slum centered)/ special interventions at urban areas

3.2 National Institute of Population Research and Training (NIPORT)

NIPORT is an autonomous national research institute that researches family planning programs related issues in Bangladesh and provide training to the government officers involved with family planning projects in Bangladesh and is located in Dhaka, Bangladesh. The Institute was formed on July 1977 as the National Institute of Population Training. In 1980 the institute was placed in charge of the Family Welfare Visitors' Training Institutes and Regional Training Centers. The institute carries out population surveys in Bangladesh. It is under the Ministry of Health and Family Welfare.

3.3 Bangladesh Medical and Dental Council (BMDC)

The Bangladesh Medical & Dental Council (BM&DC) is a statutory body with the responsibility of establishing and maintaining high standards of medical education and recognition of medical qualifications in Bangladesh. It registers doctors to practice in Bangladesh, in order to protect and promote the health and safety of the public by ensuring proper standards in the practice of medicine.

3.4 Bangladesh Nursing and Midwifery Council

The Bangladesh Nursing and Midwifery Council (BNMC) is the Regulatory Body and Focal Point from which all activities relating to nursing are managed. This includes all involved in nursing and midwifery education and practices. Though Regulation of Nursing education and practices is the responsibility of the Bangladesh Nursing Council, Council works closely with the Directorate of Nursing Services in regulating Nursing and Midwifery Services.

Chapter IV: Education Sectors

4.1 Overview

The Ministry of Education (MoE) of the Government of the People's Republic of Bangladesh is one of 2 ministries that are responsible for education: the Ministry of Primary and Mass Education (MoPME) is responsible for primary education and mass literacy while MoE is responsible for secondary, vocational and tertiary education. The Ministry of Education is the apex policy making institution of the Government regarding administration and development of post-primary education sector. Ministry of Education formulates policies and programs for the development of post-primary to higher education including Madrasah, Technical and Vocational education. It has been renamed multiple times and finally, since 1992, this ministry has been expanded as 2 ministries of the Government of the People's Republic of Bangladesh. Thus, there are 2 ministries are working in Education sector in Bangladesh. These are as follows: (1) Ministry of Primary and Mass Education, (2) Ministry of Education.

4.1.1 Ministry of Primary and Mass Education (MOPME)

The Ministry of Primary and Mass Education (MoPME) is the ministry responsible for Pre-Primary, Primary (Class I-V) and Mass (literacy) education in Bangladesh. There are few parallel institutions are working for MoPME. Such as:

- (a) Directorate of Primary Education (DPE)
- (b) Bureau of Nonformal Education (BNFE)
- (c) National Academy for Primary Education (NAPE)

Directorate of Primary Education (DPE): Directorate of Primary Education is an autonomous government department responsible for the administration of primary schools in Bangladesh. It is also responsible for the training of primary school teachers in various training institutions operated by the directorate.

Bureau of Non-Formal Education (BNFE): Bureau of Non-Formal Education is a government bureau responsible for providing jobs, education, and opportunities to individuals who have not received formal education. The Bureau of Non-Formal Education traces its origin to the Directorate of Non-Formal Education (DNFE). The Directorate of Non-Formal Education was dissolved in 2005 and replaced with the Bureau of Non-Formal Education.

The National Academy for Primary Education (NAPE): National Academy for Primary Education is a Bangladesh Government academy responsible for providing training to government primary school teachers and is located in Mymensingh, Bangladesh. It is one of 25 key government administered training institutions in the country. National Academy for Primary Education was established in 1978 as the Academy for Fundamental Education. It was renamed in 1985 as the National Academy for Primary Education. It is under the Ministry of Primary and Mass Education.

4.1.2 Ministry of Education (MOE)

Ministry of Education (MoE) is the apex policy making institution of the Government regarding administration and development of post-primary education sector. It is responsible for secondary, higher secondary, vocational and tertiary education in Bangladesh. Ministry of Education formulates policies and programs for the development of post-primary to higher education including Madrasa, Technical and Vocational education. It also formulates laws, rules and regulations for the management and administration of post-primary education sector and its institutions of the country. The Ministry of Education contains two divisions and directorates as follows:

1. Department of Secondary and Higher Education
2. Department of Technical and Madrasa Education

3. Directorate of Secondary and Higher Education (DSHE)
4. Directorate of Technical Education (DTE)
5. Directorate of Madrasah Education
6. National Academy for Educational Management (NAEM)
7. National Curriculum and Textbook Board (NCTB)
8. University Grants Commission (UGC) Bangladesh
9. Bangladesh Bureau of Educational Information and Statistics (BANBEIS)

Department of Secondary and Higher Education: Department of Secondary and Higher Education works as a Govt. Policy-making organization for secondary, higher-secondary and tertiary education in Bangladesh. It also legislate laws, provision and rules to manage and administrate secondary, higher-secondary and tertiary education in Bangladesh. The institutions under this department supervise and monitor educational administration and management of all the schools, colleges and universities of Bangladesh. There are total 25,227 schools & colleges and 151 public & private universities in Bangladesh.

Department of Technical and Madrasha Education: Department of Technical and Madrasha Education conducts all the activities of Technical and Madrasha Education in Bangladesh. It also formulates laws, provision, rules and regulations to manage and administrate Technical and Madrasha Education. The organizations under this department supervise and monitor educational administration and management of all the Technical & Vocational education institutions and Madrashas of Bangladesh. There are total 113 govt. & 4727 non-govt. technical education institutions and 03 govt. madrasha& 7620 non-govt. madrasha in Bangladesh.

Directorate of Secondary and Higher Education (DSHE): Under the overall supervision and guidance of the Ministry of Education (MOE), the Secondary and Higher education system of Bangladesh is being managed and administered by the Directorate of Secondary & Higher Education (DSHE).The Directorate is headed by a Director General who is responsible for administration, management and control of secondary and higher education including madrashas (institutions imparting religious education) and other special types of education. The Director General is assisted by 4 Directors who performs their duties through Deputy Directors, Assistant Directors and Research Officers at its head office and also by field level offices located at divisional, district and upazilla level. The Directorate controls approximately 29569 secondary, higher secondary & tertiary level institutions consisting of 412526 teachers and 13840164 students. DSHE has a total of 67 Class one, 11 Class two officials, 166 class three and 50 class four staff at its head office. It has 234 officers and staff at the 9 zonal offices and 684 officers and staff at 64 District Education Offices in addition to 2372 officers and staffs at the upazilla level.

DSHE is working towards providing educational facilities available to all to produce enlightened people who can contribute to the development of Bangladesh vis-a-vis poverty alleviation and attain the Millennium Development Goal (MDG) by 2015.In order to address the issues at the secondary and higher levels, DSHE is focusing on quality improvements and specific actions to raising the quality of service delivery and improving equity of access in secondary and higher education.

Directorate of Technical Education (DTE): The Directorate of Technical Education (DTE) is one of the government agencies of human resource development (HRD) of the country in Technical and Vocational Education. The DTE was established in 1960 with five technical education institutions. At present this number has reached to 4,840. The role of the Directorate of Technical Education is to maintain, enhance the standard, quality of technical education by laying the policies, establishing development Govt. Institutions, guiding, supervising the aided, and government institutions, interacting with industry and national level institutions, coordinating with other departments of Government. The main functions of the Directorate are four, namely: - Managing human resources management, Development activities, Supervising academic programs and connecting with domestic and international organizations related to technical education.

Directorate of Madrasah Education: Directorate of Madrasah Education is a newly created apex department in the field of Madrasah Education under the Ministry of Education in Bangladesh. It's a new dimension and glorious achievement for Madrasah Education in the country. There are near about twenty thousand Madrasahs remaining in the country and all of those had been controlled a long period by the Directorate of Secondary and Higher Education (DSHE). Considering the widely spreaded jurisdiction of Madrasah Education all over the country it has just been set apart from the aforesaid DSHE with a view to have an effective supervision and close control of the concerning institutions to make them productive companies for human resource development. The newly born DME has launched with its assigned responsibilities on 1st July 2015. The DME is headed by a Director General who is responsible for the management, administration and control of all the Madrasahs of the country having assistance of two Directors, three Deputy Directors and seven Assistant Directors.

National Academy for Educational Management (NAEM): National Academy for Educational Management (NAEM) is an affiliated academy to the Ministry of Education, Government of the People's Republic of Bangladesh. This academy is dedicated to conducting training on education management, research and planning to ensure quality education in the country. NAEM provides in-service training to the heads of secondary schools, principals of colleges and education administrators for enhancing their professional efficiency in educational planning and management in order to achieve their institutional objectives.

The metamorphosis of NAEM dates back to 1959 when it was established as Education Extension Centre. After the emergence of Bangladesh, the center was upgraded and entitled as Bangladesh Education Extension and Research Institute (BEERI) in 1975. The BEERI was entrusted with additional responsibility for research and management training of education functionaries including college and Madrasa teachers and administrators.

National Curriculum and Textbook Board (NCTB): The National Curriculum & Textbook Board (NCTB) is an autonomous organization under the Ministry of Education (MoE) in Bangladesh responsible for the development of curriculum, production and distribution of textbooks at primary, secondary and higher secondary levels. All public schools of Bangladesh are under NCTB. Free board books are distributed among students every year between classes I-X. These books comprise most of the curriculum of all public Bangladeshi schools. There are two versions of the national curriculum. One is Bangla version and another one is the English version.

University Grants Commission (UGC) Bangladesh: The University Grants Commission (UGC) of Bangladesh was established on 16 December 1972. It was created according to the Presidential Order (P.O. No 10 of 1973) of the Government of People's Republic of Bangladesh. In 2010, the Government of Bangladesh (GOB) announced bringing out reforms in University Grants Commission (UGC) and decided to change UGC into Higher Education Commission of Bangladesh (HEC).

Bangladesh Bureau of Educational Information and Statistics (BANBEIS): Bangladesh Bureau of Educational Information and Statistics (BANBEIS) is the only government agency responsible for the collection and dissemination of educational, statistics and information in Bangladesh. This is an output of Dr. Muhammad Quadrat-e-Khoda Commission Report which recommended in 1974 that the government of Bangladesh form a separate bureau within the Ministry of Education to collect information on education in Bangladesh. The bureau was modeled on the Central Bureau of Education. Bangladesh Bureau of Educational Information and Statistics was established in 1977. It has two wings, the division of statistics & the Documentation and Library & Publication Division.

4.1.3 Development Projects Under Education Sector

A sum of huge projects has been implemented under the different agencies of MoE. However, the following are 2 vital projects/programs implemented by DSHE:

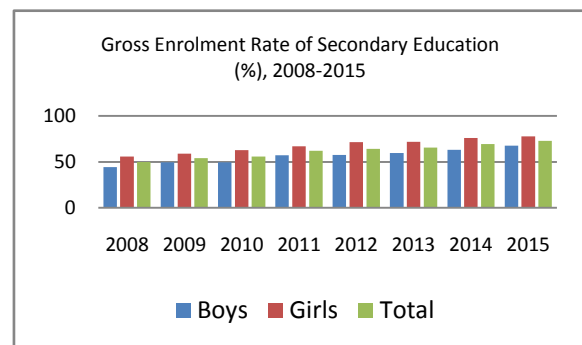
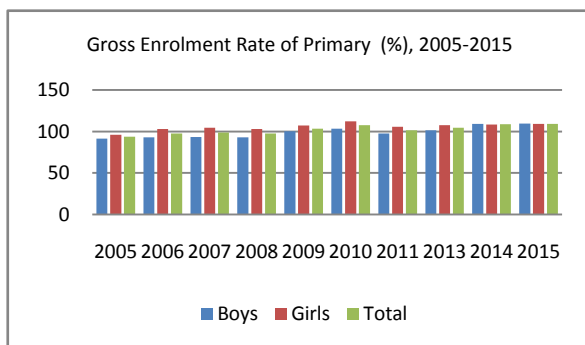
Teaching Quality Improvement (TQI-I & II): The goal of Teaching Quality Improvement (TQI) Project is to enhance the quality of secondary education in Bangladesh by improving the quality of teaching. The purpose is to provide quality initial and in-service teacher training, including continuing professional development, to all eligible teachers of grades 6-10 in government and private secondary schools in Bangladesh. The Project included the following four components: (i) Improving teaching quality through organizational development and capacity building; (ii) improving teacher training facilities; (iii) Strengthening in-service and pre-service teacher training; and (iv) Improving equitable access and community involvement.

Secondary Education Quality and Access Enhancement Project (SEQAEP): Secondary Education Quality and Access Enhancement Project (SEQAEP) was approved by the World Bank in July 31, 2008 and the closing date of the project was December 31, 2017. The objectives of the Secondary Education Quality and Access Enhancement Project for Bangladesh were to improve the quality of secondary education, systematically monitor learning outcomes, and to increase access and equity in project upazilas.

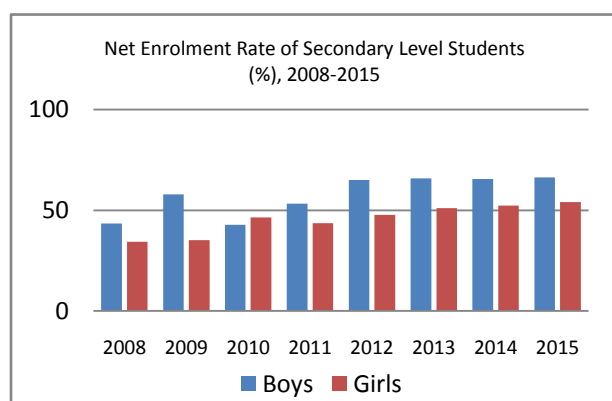
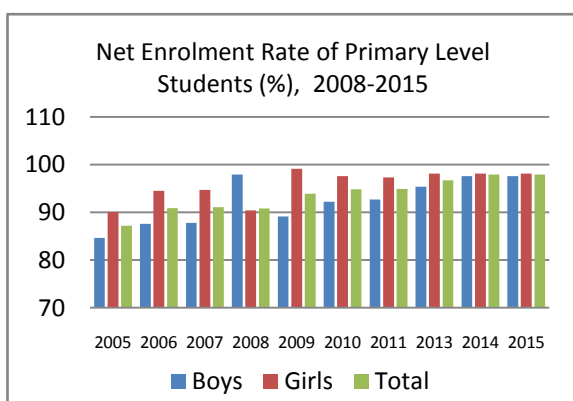
4.1.4 Monitoring of Education Program

A few indicators are to be monitored for education program. These indicators are presented in the following paragraphs.

Gross Enrolment Rate: Refers to the total enrolment of students in a grade or level of education, regardless of age, expressed as percentage of the corresponding eligible Official age-group population in a given school year.



Net Enrolment Rate: Refers to the number of students enrolled in the official specific-age group expressed as a percentage of the total population in that age group.



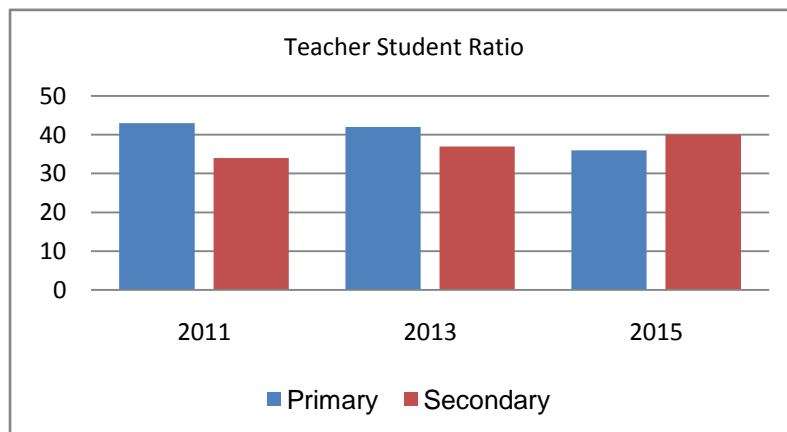
School Age Population: Population of the age group theoretically corresponding to a given level of education as indicated by theoretical entrance age and duration e.g. the population from ages four to

thirty inclusive regardless of the existing requirements of compulsory education or the period of education provided for in various types of schools.

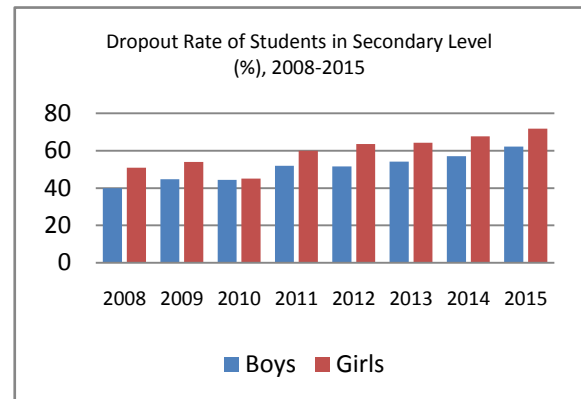
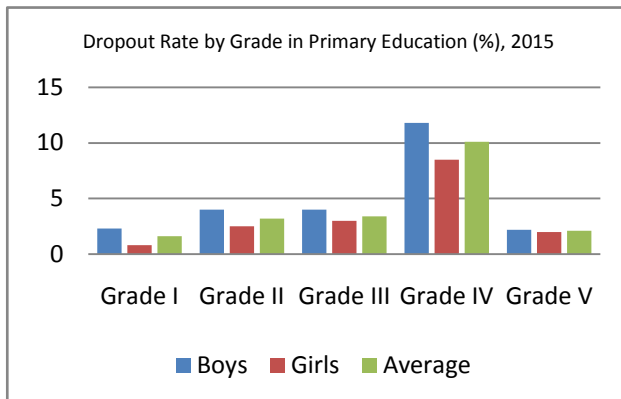
Class Size: The average number of students together in a class enrolled.



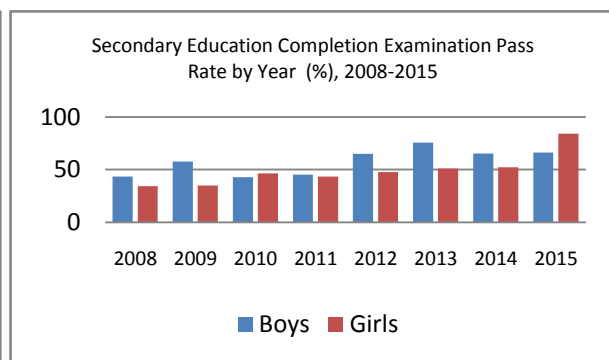
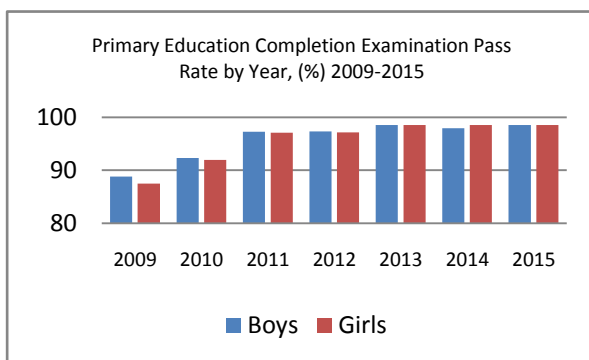
Teacher Student Ratio (TSR): Refers to the proportion of teachers in relation to the number of students in an institution. TSR is calculated by dividing the total number of students in a school or group of schools by the total number of teachers teaching them. Ideal value TSR varies from 1:25 to 1:30.



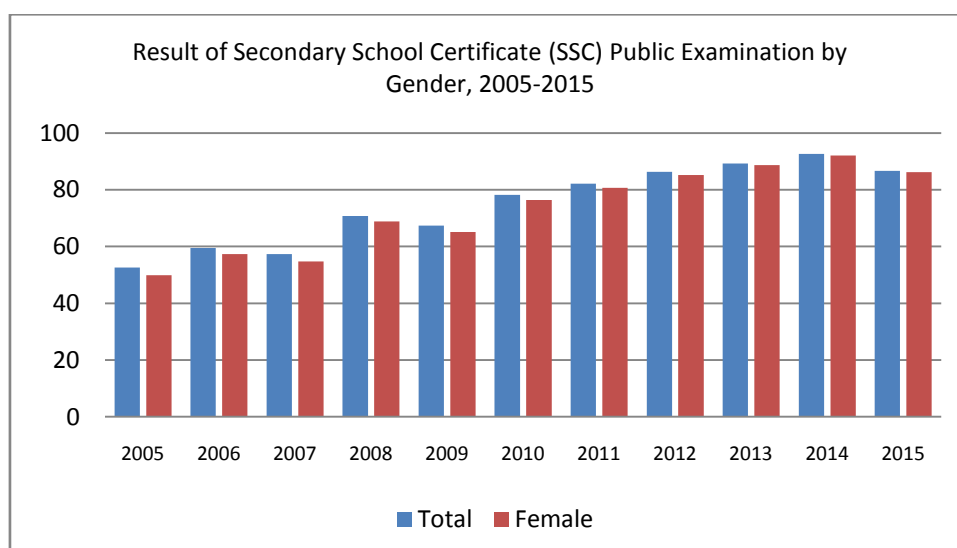
Drop-out Rate: Refers to the percentage of students for any reason leave educational institutions (in any given grade or level) and did not come back to finish the grade or level during that school year to the total number of students enrolled during the previous school year.



Completion Rate: The percentage of students enrolled at the beginning grade/year of the level of education who finished or graduated from the final grade/year at the end of the required number of years of that level of education.

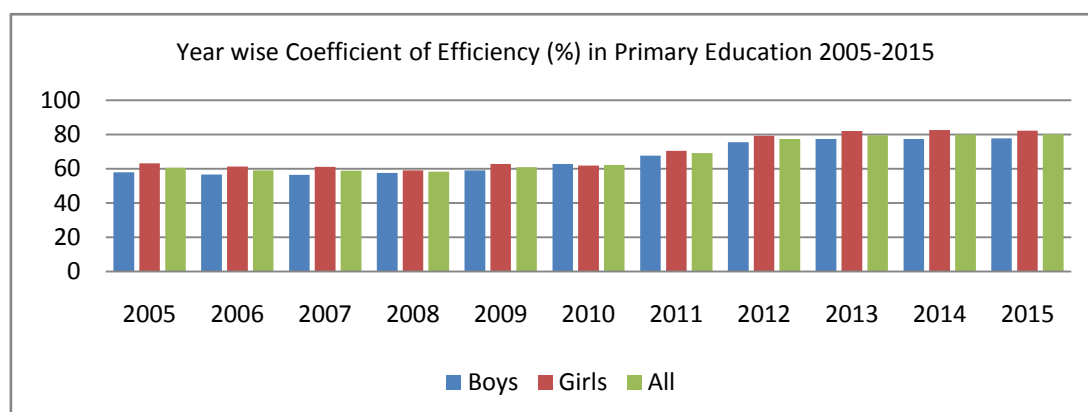


Graduation Rate: The percentage of pupils/students in the last grade/year of that level of education who completed and passed the academic requirements of that last grade/year.



Co-efficient of Efficiency: It is a ratio of expected student years required to complete the cycle by the graduates and the total years actually spent to produce those graduates expressed in percentage

terms. The ideal (optimal) number of pupil-years required (i.e. in the absence of repetition and dropout) to produce a number of graduates from a given school-cohort for secondary education expressed as a percentage of the actual number of pupil-years spent to produce the same number of graduates. This is a synthetic indicator of the internal efficiency of an educational system. It summarizes the consequences of repetition and dropout on the efficiency of the educational process in producing graduates.



Gender parity index in post-primary education 2015

Level of Education	Management	Gender Parity Index (boy to girl)
Junior Secondary Level (6-8)	Public	1.01
	Private	1.20
	Total	1.19
Secondary Level (9-10)	Public	0.77
	Private	1.07
	Total	1.05
Higher Secondary Level (11-12)	Public	0.77
	Private	1.07
	Total	1.05
Post Secondary non-tertiary	Public	0.23
	Private	0.25
	Total	0.24
Tertiary Level: Degree	Public	0.67
	Private	0.68
	Total	0.67
Masters	Public	0.49
	Private	0.43
	Total	1.01

Chapter V: Social Welfare Sector

5.1 Overview

The Ministry of Social Welfare is the Government Ministry of Bangladesh responsible for the programs and the provision of social, rehabilitative services to improve the physical, social, emotional and economic well-being of the disadvantaged group. The ministry has three subordinate organizations under this ministry. These organizations are:

- I. Department of Social Welfare;
- II. Bangladesh National Social Welfare Council; and
- III. National Disabled Development Foundation.

5.1.1 Department of Social Welfare

Department of social welfare is one of the organizations of the government for national building. Social welfare activities were started in 1955 and there after in 1961 it was developed as directorate of social welfare. It was farther developed as Department of Social Welfare later on.

Initially its activities were town based and service oriented. At present its activities has spread all over the country at grass root level. Department of Social Welfare has been working under Ministry of Social Welfare for welfare of vulnerable, neglected, backward, poor, orphan, autistics and retarded people of the country.

The Department of Social Welfare has been working as pathfinder for fulfillment of constitutional right of backward people of the country. Role of the Department is well accept with in the country and abroad for providing old age allowance, widow and husband abandon and vulnerable women's allowance, allowance for insolvent retarded people, stipend for retarded student, allowance for freedom fighter, natural calamities and risk aversion program.

Department of Social Welfare has undertaken the responsibility of formulation of different important laws and policies; among this the Probation of Offenders Ordinance 1960; Registration and Control Ordinance 1961; Gypsy and Homeless (rehabilitation) law 2011; Child Law, Right of Retarded People Security Law 2013; Special Advantage Law and Rule for Convicted Women in 2006 are notably mentionable.

The Department has been working restlessly for implementation of different Convention under national and international organizations including United Nations. Initially the Department was acted with Welfare Approach but now the Department has been working for Right Based and Empowerment Approach. This Department has expanded its hands for welfare of target people by implementing many development projects and programs. The Department has set example of working with public-private partnership approach. The department has important role for observance of different National and International Days. 2nd January was declared by the Honorable Prime Minister as National Social Welfare Day, during inauguration of Social Welfare building in 1999 for encouragement of large number of social workers as social philosophy and development strategy. In June 2012 in a Cabinet meeting 2nd January the National Social Service Day was uplifted as category B. The Social Welfare workers has encouraged and has come new speed through observance of the day.

5.1.2 Bangladesh National Social Welfare Council

Bangladesh National Social Welfare Council was established in 1972 having its headquarters in Dhaka. It is the national council responsible for carrying out social welfare activities and programs in Bangladesh. Bangladesh National Social Welfare Council traces its origins to Social Welfare council 1956 to look after the welfare of Biharis who moved here after Partition of India. After Bangladesh became an independent country in 1971, the council was founded through a resolution in parliament

and renamed Bangladesh Social Welfare Council. It was placed under the Ministry of Labour and Social Welfare. In November 2008, Special Assistant for Telecommunications to the Chief Adviser of the Caretaker Government of Bangladesh, Brigadier General M.A. Malek inaugurated the website of Bangladesh National Social Welfare Council. Non-government organisations are registered with the council.

5.1.3 National Disabled Development Foundation

National Disabled Development Foundation also known as Jatiyo Protibondhi Unnayan Foundation,^[1] is a government agency responsible for the welfare of disabled people in Bangladesh and is located in Dhaka, Bangladesh. On 3 December 1997, Prime Minister Sheikh Hasina declared the intension to form a foundation to look after the welfare of disabled people on the occasion of International Day of Persons with Disabilities. The National Disabled Development Foundation was established on 16 November 1999 by the Government of Bangladesh. The foundation was restructured by the Fakhruddin Ahmed led Caretaker Government in 2007. The Bangladesh Awami League Government cancelled the reformation and restructure process on 26 May 2016. The Government of Bangladesh passed Rights and Protection of Persons with Disabilities Act in 2013 to protect disabled individuals. The foundation operates specialized schools for disabled students in Bangladesh.

5.2 Social Safety Net Programmes (SSNPs) in Poverty Reduction

Bangladesh has been battling with poverty since her inception. In this regard, she has been found applying various mechanisms and strategies of which Social Safety Net Programme (SSNP) is a remarkable one. Social Safety Net Programme (SSNP) is a programmatic mechanism for maintaining social harmony through redistribution of resources towards the disadvantaged groups. It is supposed to play the role of social insurance through alleviating miseries of vulnerable poor or those at risk of being poor due to any irrevocable physical or economic shocks. Government has placed elimination of poverty and inequality at the forefront of its development strategy as a number one target of MGD. The aim of the government is to bring down the poverty rate from 31.5% in 2010 to 15% by 2021. Investment in infrastructure, creation of employment opportunities during slack seasons, and increased coverage of social safety net programmes will lead to improvement in the poverty situation; and priority will be ascribed to activities targeting the extreme poor, women in poverty, landless poor and other disadvantaged groups. A strong and expanded social safety net is the main emphasis of the present government's vision to protect the poor from all sorts of social, economic and natural shocks. In the budget of 2014-15 the government has allocated 6.1% expenditure on social safety and welfare. Government is attempting to alleviate poverty by implementing various kinds of SSNPs. The social safety net measures are broadly divided into four fields:

- (i) Provision of special allowances for the various underprivileged sections of the population, so that the poor and disadvantaged people can tackle poverty effectively
- (ii) Creation of employment opportunities for the poor people
- (iii) Food security based activities to reduce the consequences of natural disasters; and
- (iv) Provision of education, health and training to make the new generation more capable and self-reliant.

Presently, there are many SSNP schemes run by the government of Bangladesh in collaboration with the development partners and NGOs. While the largest programmes are food-based, conditional cash transfers have become increasingly important. But fiscal constraints and some other loopholes inhibit the SSNP's coverage and success to its desired level. That is why, poverty in Bangladesh is not getting reduced expectedly despite various SSNPs. There is an approximately 1.7% annual reduction of the incidence of poverty and the coverage of SSNPs beneficiaries has increased from 13.02% to 24.56% between the two survey years Household Economic Survey(HIES) 2005 and HIES 2010.

5.3 Safety nets programs and its target

Safety nets programs are the basis of the country's social protection strategy and are the main stay of the poverty alleviation strategy. Numerous safety net programs have been implemented, aimed at helping different groups within the population cope with adverse shocks that are either idiosyncratic or aggregate in nature.

Social Safety Nets (SSNs) are non-contributing programmes that aim the poor and vulnerable segment of people and are intended to lessen poverty and inequality, facilitate better social investments, better community risk administration, and deal social security to those living under the poverty line (Ferdous, 2014). These programs are intended to (i) improve the living standards of the weakest segments of the population (as defined economically, socially, by gender, by location, and by religion), (ii) help in income and consumption smoothing for households that have been impacted with negative shocks, and (iii) prevent and mitigate the impact of economic and natural shocks. Successive governments have recognized the importance of well-functioning safety nets, both for groups that are chronically poor and for those at risk of falling into poverty. Well-functioning safety nets also provide the transient poor an opportunity to climb out of poverty (World Bank, 2006).

5.4 The Main Type of Safety Net Programs in Bangladesh

Bangladesh Government conserves a variety of social safety net programmes intended to address largely transitory food uncertainty reducing from blows. Below table represents the names and examples of the main types of SSNPs in Bangladesh.

Program	Examples
Cash transfers	<ul style="list-style-type: none">• Old Age Allowance• Widowed and Distressed Women Allowance Disabled Allowance
Conditional cash transfers	<ul style="list-style-type: none">• Primary Education Stipend Program (formerly Food-for-Education) Stipends for Female Secondary Students
Public works or training based cash or in kind transfer	<ul style="list-style-type: none">• Rural Maintenance Program Food-for-Work Vulnerable Group Development (VGD) Employment Generation Programme (EGP)
Emergency or Seasonal Relief	<ul style="list-style-type: none">• Vulnerable Group Feeding (VGF)• Gratuitous Relief (GR)• Test Relief (TR)• Open Market Sale (OMS)

5.5 Social safety net widens with additional benefits for underprivileged

The government's proposed budget for the 2018-19 fiscal year is the biggest ever in the country's history and significantly increases the volume and coverage of the social safety net. Government wants to increase the allocation of funds and number of beneficiaries in different schemes for the next fiscal year, with an aim to improve the living standard of the poor and underprivileged.

This allocation has been raised to Tk 64,656 crore in FY2018-19, which is 2.55% of GDP and 13.92% of the total budget.

In the outgoing 2017-18 fiscal, the government allocated Tk54,206 crore for this program, which was 13.50% of the total budget.

The total allocation of the government's social safety net scheme for the fiscal year 2016-17 was Tk 45,230 crore.

The finance minister proposed to increase the number of recipients of old age allowances to 4 million from 3.5 million, widow and oppressed women allowances to 1.4 million from 1.2 million, disability

allowances to 1 million from 825,000, stipends for students with disabilities from 80,000 to 90,000, and maternity allowances to 700,000 from 600,000.

The number of beneficiaries of special allowances and stipends for the Bede and the underprivileged communities is proposed to increase to 64,000 from 36,000. Of them, the number of beneficiaries for special allowances will be increased to 40,000 from 23,000 and that for special allowances to 19,000 from 11,000.

The current budget for the fiscal year 2018-2019, allowances for working lactating mothers has risen to Tk 800 from Tk 500 per month and extending the term of the allowance to 3 years from 2 years. Besides, the number of beneficiaries will be increased to 2.5 lakh from 2 lakh.

For the Rohingya influx region-- Teknaf and Ukhia of Cox's Bazar-- the number of VGD beneficiaries increased by 10,000 in each upazila while the total number of beneficiaries was increased to 10.4 lakh from 10 lakh.

Apart from already providing a monthly Tk 10,000 honorarium for the freedom fighters, an allocation of Tk 400 crore is provided to support insolvent wounded and sick freedom fighters and their spouses, children, or grandchildren. In addition to that, the government proposed to provide a festival allowance for the listed freedom fighters to honor them.

5.6 Target and Achievements of MDGs in Bangladesh

Goal 1: Eradicate Extreme Poverty and Hunger: Millions continue to live in hunger and poverty, lacking access to basic services. Despite remarkable progress, about 800 million people continue to live in absolute poverty and suffer from hunger. More than 160 million children below 5-years have inadequate height for their age because of insufficient food.

Goal 2: Achieve Universal Primary Education: In 2015, 57 million children of primary school age do not attend school. Compared to children in the richest households, those in the poorest households are four times more likely to be out of school. Under-five mortality rates are nearly twice as high for children in the poorest households compared to the wealthiest households.

Goal 3: Promote Gender Equality and Empower Women: Gender inequality persists women in many parts of the world continue to face discrimination in access to economic assets, work, and participation in public and private decision-making. They are also more likely to live in poverty compared to men.

Goal 4: Reduce Child Mortality: Reducing child mortality is one of the most important goal set to achieve the MDGs. It is a key indicator to development and must be achieved.

Goal 5: Improve Maternal Health: The maternal mortality ratio in developing nations is 14 times higher than in the developed nations. Just 50 percent of pregnant women in developing countries can receive the recommended minimum of 4 antenatal care visits.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases: An estimated 36 percent of the 31.5 million people living with HIV in developing nations were said to be receiving ART in 2013.

Goal 7: Ensure Environmental Sustainability: Close to 5.2 million hectares of forest cover were lost in 2010. Climate change and environmental degradation undercut progress achieved. Global emissions of carbon dioxide have increased by more than 50 percent since 1990.

Goal 8: Develop a Global Partnership for Development: Conflict remains the greatest threat to human development. By 2015, conflicts had forced nearly 60 million people to leave their homes the highest number recorded since the Second World War.

Chapter VI: Implementation Process of Annual Development Program (ADP)

6.1 Overview

The Government Annual Development Program (ADP) is being implemented by numerous organizations that starts from ministry to its administered all subsidiary organizations. A brief set up and functions of the health, nutrition, education, family welfare and social welfare sectors organizations have been mentioned in the previous section. Every development program or projects have been adopted and approved by the relevant authorities to achieve certain objectives. ADPs implementation time table varies considering the types of projects, but there are mandate to be accomplished within the fiscal year. Until now, IMED's generalized focus was to monitor the implementation status by obtaining monthly, quarterly, annual and project completion reports followed by regular visitation of the IMED officials. The regular reporting system mainly captured the financial expense figure and those figures translate into the percentage of accomplishment of project activities. In the current fiscal year 2018-2019, so many project are being implemented by different agencies. Number of project that are implementing by health education and social sectors are as follows.

Table 2: Number of Project under Implementation in the Current Fiscal Year 2018-2019 by Sectors

Sector	Number of Projects	Total Amount (TK. Lack)
Education		
Secondary and Higher Education	24	422845
Technical Education	10	81169
UGC	40	189186
Primary Education	7	579699
BNFE	1	17783
EED	3	20001
KCC	1	300
Madrasha Education	2	2369
Sub Total	88	1313352
Health		
ICDDRDB	1	300
Local Government Division	3	8036
Nursing and Mid wifery	4	3602
Ministry of Health and family welfare	36	1523470
DGHS	19	269216
DSMMU	1	30022
DGFP	1	3895
Sub Total	65	1838541
Social Welfare		
Department of Social Services	9	20256
Ministry of Women and Children Affairs	13	21873
Department of Youth Development	7	4436
Jatio Mohila Sangstha	4	20248
Sub Total	33	66813
Grand Total	186	3218706

IMED is now emphasizes more precise monitoring and evaluation guidelines by sectors. That's why two guidelies already been prepared one for "Roads, Bridges and Culverts" and another for "Construction Works". Following to the publications of these two guidelines, IMED has been encouraged to prepare guidelines for other specialized sectors. Although all project components have some unique feature, but there are similiarity too. In general, we can classify projects major implementation components for monitoring and evaluation purposes as follows:

- (a) Preparatory Works

- (b) Monitoring Procurement of Works (Construction of building, roads, bridges and culverts etc)
- (c) Procurement of Goods (Equipment, accessories, all kinds of materials & supplies etc)
- (d) Procurement of Service (consulting)
- (e) Training Programs

6.1.2 Preparatory Works

All projects are being implemented by direct supervision of a Project Director supported by other officials and staff. Projects preparatory works includes assignment or recruitment of project official/staff, aquisition of land, set up office, detailed out implementation plan and policy, communicate to release of fund and launching the project activities. These activities requires some time which shoud mentioned in the annual work plan.

6.1.3 Procurement of Works

Most of the development projects have components of constructions works. The selection process of contractor to do the construction works for building, roads, bridges and culverts following the current procurement act and procedures are generally called "Procurement of Works". Details of the procurement methods, implementation steps, monitoring and evaluation of constructions works are mentioned in the two guidelines prepared earlier by IMED.

6.1.4 Procurement of Goods

Except few, all projects require to procure some kinds of goods. GoB requires processing entities to use the most appropriate method of procurement for a specific purpose. For the most part, conditions for use of specific methods other than open tendering are based of urgency and values of future contracts. However, non-monetary issues, such as a limited number of suppliers, also play a role. The main methods for procurement of goods as mentioned in the Public Procurement Act and Rules of Bangladesh are described below for firsthand information of the users of this guideline. Details are available in the Act, Rules and in the standard tender documents published by CPTU.

6.1.4.1 Open Tendering Method (National)

The Open Tendering Method shall be the preferred method of Procurement for Goods and related Services, unless the threshold or special circumstances relating to a specific requirement make it more appropriate for one of the other Procurement methods to be used. Tenders shall be invited from all eligible Tenderers through public advertisement.

It is open, unrestricted bidding/tendering, among national or international sources. In national competition tenders are invited through a locally advertised invitation directed to all suppliers wishing to participate in the tendering process. In case of international tender, the invitation must be advertised in any internationally related media. Procedures under GoB Open Tendering are explained in the PPR 2008 published by the Central Procurement Technical Unit (CPTU). In addition to invitations under Sub-Rule (2), advertisement in the Procuring Entity's website, if any, and where applicable a parallel advertisement in brief in the local press is recommended to increase competition and transparency, if the objective for using this method, i.e. saving time and money, is not defeated through such advertisement.

6.1.4.2 Limited Tendering Method (National)

A Procuring Entity may undertake Procurement by means of Limited Tendering Method in the following circumstances, namely –

- (a) when Goods and related Services by reason of their specialized nature such as aircraft, locomotives, specialized medical equipment, contraceptives, telecommunication equipments , silos, ports, harbours etc., are available only from a limited number of qualified potential Suppliers or Contractors ; or

- (b) when there is an urgent need for Procurement of Goods, Works or Services and appear as such that open national or international competitive Tendering would be impractical.; or
- (c) when the circumstances giving rise to the urgency under Sub Rule (1) (b) were neither foreseeable by the Procuring Entity nor caused by delay on its part; or
- (d) when the Government establishes a policy to standardize on a certain number of brands to cut down spare parts stock requirements and maintenance costs such as computers, laboratory equipment, research equipment.
- (e) When the proposal procurement falls within a financial threshold, the procuring entity may procure from the enlisted suppliers.
- (f) Procuring Entities who need to purchase Goods and related Services of a specialized nature and who know the limitations on the availability of number of Suppliers may directly invite Tenders from the potential Suppliers.

6.1.4.3 Two-stage Tendering Method (National)

- (a) Procuring Entity may use this Method in the case turnkey Contracts or contracts for large complex facilities, such as the supply, installation and commissioning of processing plants, or works of complex nature or communication technology etc.
- (b) The use of the word 'complex' in describing the nature of the items to be procured under Two-Stage Tendering Method covers Procurement requirements for which it may not be in the best interests of the Procuring Entity to prepare complete technical specifications in advance because of rapidly changing technology, and also Procurement requirements for which the Procuring Entity lacks the capability to prepare a full technical specification because alternative technical approaches may be available, but not within the knowledge of the Procuring Entity.

6.1.4.4 Request for Quotation Method (RFQ)

- (a) A Procuring Entity may undertake Procurement by means of the RFQ for readily available standard, off-the-shelf Goods and related Services, low value simple Works and physical Services, provided that the estimated value of such Procurement shall not exceed the threshold separately specified for revenue and development budget in Schedule II of the PPR 2008
- (b) The Head of the Procuring Entity shall strictly control the use of the RFQ Method in order to ensure that there is no abuse and that its use by Procuring Entities is restricted to the items specified in this Rule.
- (c) A decision to use RFQ Method shall be approved in writing by the Head of the Procuring Entity or an officer authorised by him or her unless the RFQ method was already incorporated in the Annual Procurement Plan approved under Rule 16(7) of the procurement rules.
- (d) In deciding or justifying the use of the RFQ Method, the following shall be considered:
 - Procuring Entities shall not use the RFQ Method as means to either bypass more competitive methods of Tendering or split large potential contracts into smaller ones solely to allow the use of this method.
 - the RFQ Method should not require complex documentation or all the formalities of a full Tendering process.
 - Quotations for low value simple Works or physical Services may be requested in the form of - unit rate prices or lump sum basis provided quantities can be estimated with a reasonable degree of accuracy; or "cost plus fee" arrangements, when quantities cannot be reasonably determined or estimated in advance; or a lump sum, if the Procuring Entity has prepared an accurate cost estimate for the Works or physical Services.

6.1.4.5 Direct Procurement Method (National)

The Procuring Entity may use the Direct Procurement method for Procurement for Goods and related Services, Works and physical Services from one source without going through Tendering or other Procurement methods but shall under no circumstances be used to avoid competition or to favour a particular Person, Supplier or Contractor to discriminate among Persons, Suppliers or Contractors. The Head of a Procuring Entity shall strictly control the use of the Direct Procurement Method as it- does not provide the benefits of competition, lacks transparency and could encourage unacceptable and fraudulent practices.

The decision to use this method shall be approved by the Head of the Procuring Entity or an officer authorised by him or her in order to ensure that there is no abuse and its use is restricted to the circumstances specified in these Rules.

In exceptional cases where it is urgently necessary to complete the scope of the original contract, additional deliveries or a Variation or Extra Work Order or Repeat Order may be appraisal subject to financial threshold as in schedule II.

6.1.4.6 Open Tendering with International Competition for Procurement of Goods

It is open or unrestricted tendering that includes international sources. Tenders are solicited by advertising an open invitation to suppliers around the world telling them about the opportunity to compete for a contract. A Procuring Entity shall comply with the following additional requirements for International Tendering:

- (a) the time allowed for the submission of Tenders shall be sufficient to allow the invitation to reach all potential Tenderers and to enable them to prepare and submit Tenders and in the case of notice inviting re-tender shall be as specified in Schedule II.
- (b) technical specifications shall be based upon international standards or those widely used in international trade and such standards shall be compatible with those in use in Bangladesh.
- (c) where the specification procurements are not known to the PE, the words "or equivalent" brand name may be added allow for wider competition.
- (d) the acceptable currencies in which the Tenderers shall be permitted to submit their Tenders and any Tender or performance securities to be presented by them as well the currency or currencies in which the contract price will be paid shall be stated in the Tender Document.
- (e) the Tender Document may allow for a domestic preference as defined in Schedule II to provide local manufacturers, Suppliers and Contractors with a price advantage over their international competitors for the purpose of promoting domestic products or industries.
- (f) procuring Entities, who do not maintain updated lists of potential Suppliers or Contractors, may use such lists that are maintained by other key Procuring Entities or such lists posted for this purpose by the CPTU on its website.

6.1.4.7 Two-Stage Tendering Method (International)

The provision of Rule 61 and 83 with regard to open Tendering with international competition shall apply to the Two-Stage Tendering Method of Procurement, whenever a Procuring Entity considers that there is a need for effective international competition. Procuring Entities shall follow the procedures set out in Rule 66 with regard to Procurement using the Two-Stage Tendering Method for aspects related to advertisement, Tender validity, technical specifications and payment currency

except the provisions for domestic preference which are not applicable for methods other than open Tendering.

The reasons for the selection of Procurement by the Two-Stage Tendering Method shall be documented as per Rule 43. In the case of international Procurement under Two Stage Tendering Method process and proceedings in flow-charts as specified in Part-D of Schedule III shall be followed.

6.1.4.8 Request for Quotation Method in International Procurement

In the case of Procurement of divisible commodities in bulk from the international market RFQ Method could be used following the Section 34(2), with prior approval of the Head of a Procuring Entity. This method may be used for Procurement of commodities in bulk in the following cases, namely - food grains, sugar, fertilizer, edible oils, fuel and animal feed, where its prices fluctuate depending upon supply and demand at any particular time.

6.1.4.9 Limited Tendering Method with International Competition

A Procuring Entity may engage in Procurement of Goods, related Services, Works or physical Services by means of the Limited Tendering Method with international competition in accordance with this Rule whenever a Procuring Entity considers there is a need for effective international competition. The procedures as applicable for Limited Tendering Method in the case of national Procurement as specified in Rule 64 shall also be followed for Procurement under this method with international competition.

6.1.4.10 Direct Procurement Method Internationally

A Procuring Entity may engage in Procurement by means of the Direct Procurement Method whenever a Procuring Entity considers that there is a need for international Procurement.

The justification for use of this method shall be recorded and maintained as per Rule 42 and 43.

6.1.4.11 Two-Stage Tendering Method

The provision of Rule 61 and 83 with regard to open Tendering with international competition shall apply to the Two-Stage Tendering Method of Procurement, whenever a Procuring Entity considers that there is a need for effective international competition.

Procuring Entities shall follow the procedures set out in Rule 66 with regard to Procurement using the Two-Stage Tendering Method for aspects related to advertisement, Tender validity, technical specifications and payment currency except the provisions for domestic preference which are not applicable for methods other than open Tendering. The reasons for the selection of Procurement by the Two-Stage Tendering Method shall be documented as per Rule 43.

6.1.5 Procurement of Services

Many projects require to hire or appoint professionals, consultant or consulting firm(s) to do the feasibility study, design and to supervise implementation of the project works. Government of Bangladesh require purchasing entities to use the most appropriate consultant selection method for a specific purpose. The prime consideration in the selection of the Consultant in the Procurement of intellectual and professional Services shall be given to the quality of a Consultant's Technical Proposal.

The cost of the Services shall be considered judiciously because in the Procurement of intellectual and professional Services in general, if cost considerations predominate in the evaluation, the quality of the resulting Services often ends up being inferior which in turn places further cost burdens on the Procuring Entity due to rework being needed or less economical solutions being recommended. The

Procuring Entity shall encourage the involvement of national Consultants in assignments with international competition. Depending on the nature and complexity of assignments, different methods specified in the Public Procurement Rules, but the following two methods shall be the preferred options for selection of Consultants - **Quality & Cost Based Selection (QCBS)** is the preferred method that shall be used in most cases and shall take into account- (i) the quality of the Proposal; and (ii) the cost of the Services. The other preferred method is the **Selection under a Fixed Budget (FSB)** is appropriate only when - (i) the assignment is relatively simple and can be precisely defined; and (ii) the budget is fixed. The main selection methods for procurement of consultant services are as follows:

6.1.5.1 Quality and Cost Based Selection (QCBS)

QCBS is a competitive process in which separate technical and financial proposals are required from short-listed consulting firms. The proposal evaluation process is carried out in two separate stages. Technical proposals are evaluated first for quality and assigned relative scores. Then financial proposals of firms whose proposals met the minimum qualifying criteria are publicly opened, evaluated and assigned scores. The firm receiving the highest weighted total score is invited for negotiations.

6.1.5.2 Selection under a Fixed Budget (FBS)

Under this selection method the focus is on the budget. The Request for Proposal indicates the available budget and technical proposals are requested in separate envelopes. Technical proposals are evaluated as in FBS and the financial proposals are opened in public. Financial proposals that exceed the indicated budgets are rejected. The consultant submitting the highest ranked technical proposal is invited to negotiate a contract. This method is appropriate when the assignment is simple, can be defined, and budget is fixed. Along with QCBS, the FBS methods are the two preferred consultant selection methods under GOB procurement policy.

6.1.5.3 Least Cost Selection (LCS)

This method is appropriate for the selection of Consultants for an assignment of a standard or routine nature such as audits, architectural and engineering designs of non-complex Works, where established practices and standards exist and in which the Contract amount is small as specified in Schedule II. Technical and Financial proposals are requested in separate envelopes and technical proposals are evaluated first. Only financial proposals from consultants whose technical proposal meet the minimum technical score are then opened. The consultant submitting the lowest price is to be selected and invited to do the job.

6.1.5.4 Selection amongst Community Service Organizations (CSOs)

This method may be used by short-listing reputable Non-Governmental Organisations (NGOs), other community service organisations or voluntary non-profit organisations that are well qualified to assist in the preparation, management and implementation of community development projects or programmes because of their involvement and knowledge of local issues, community needs or participatory approaches. The PEs may use QCBS/FBS/LCS for selection of the NGOs

6.1.5.5 Single Source Selection (SSS)

The justification for SSS shall be examined in the context of the overall interests of the Procuring Entity to ensure economy and efficiency and provide equal opportunity to Consultants; therefore the decision to use SSS Method shall be approved in writing by the Head of a Procuring Entity, or an officer authorised by him or her, and documented of firms or individual consultants. The SSS may be used only in exceptional cases as specified in this Rule because it - does not provide the benefits of competition in regard to quality and cost; lacks transparency in selection; and could encourage unacceptable and fraudulent practices.

6.1.5.6 Selection of Consultants Based on Consultant's Qualifications (SBCQ)

This method is appropriate for small value assignments where the effort to prepare and evaluate competitive proposals is not justified. The Procuring Entity shall first prepare the TOR and then request the Expressions of Interest and qualification information on the Consultants' experience and competence relevant to the assignment from Consultants in the data base. The responses to an expression of interest are reviewed. The firm with the most appropriate qualifications and references is asked to submit a technical-financial proposal and invited to negotiate a contract.

6.1.5.7 Selection of Individual Consultants (SIC)

Individual Consultants may be employed in accordance with Section 38 of the Act for assignments for which the qualifications and experience of the individual are the overriding requirement and no team of staff and no additional professional support are required. Individual Consultants may be selected following an EOI advertisement through comparison of qualifications and experience of the candidates who have expressed interest in the assignment or have been approached directly by the Procuring Entity.

6.1.5.8 Selection of Consultants by a Design Contest (DC)

Carrying out a Design Contest is a selection method under which short-listed firms, in general architectural firms, are invited to submit their conceptual design for a physical project, such as a monument, research centre, office headquarters or transportation terminal. The conceptual design forming the main output of the DC is expected to highlight the aesthetic aspects of the project in addition to its technical characteristics. The Procuring Entity shall either draw up a short-list of prospective applicants on the basis of experience, capability and reputation; or if it has difficulty developing a good short-list, it may widely advertise the Design Contest and invite Expressions of Interest from firms that believe themselves qualified.

6.1.6 Training Program

6.1.6.1 Background

Human resource development/capacity building is the key strategies for proper implementation of Annual Development Program (ADP) of IMED. Skilled manpower plays pivotal role in proper implementation of ADP in Bangladesh. It is observed that there is a lack of adequate skilled manpower in all development sectors of Bangladesh. Therefore, all development sectors have given priority/emphasis to develop their own skilled manpower for proper implementation of program activities in time, effectively and efficiently. In this context, various types of training programs have been planned in annual operation plan (AOP) of all sectors for enhancing the capacity of the program personnel as well as service providers to achieve the program objectives. As the Implementation Monitoring & Evaluation Division (IMED) of Planning Commission of Bangladesh is the focal point to oversee the progress of these training programs, therefore, all concerned personnel of IMED needs enhancing their capacity for proper monitoring and evaluation of training program. For proper monitoring and evaluation of the training program, a need based monitoring and evaluation guideline needs to be developed. In this context, IMED has taken decision, to develop monitoring and evaluation guideline for training program. The proposed M&E guideline will help the all concerned personnel for proper monitoring and evaluation of training program.

Training Needs Assessment:
the process to identify "gaps" between current performance and department/organizational objectives. This is an **assessment** that looks at employee and organizational knowledge, skills, and abilities, to identify any gaps or areas of **need**

6.1.6.2 Steps of training program conduction/development

An effective training program is built by following a systematic, step-by-step process. Training initiatives that stand alone (one-off events) often fail to meet organizational objectives and participant expectations. There are eight steps for successful training program development. These are as follows:

Training is a process designed to assist an individual to learn new skills, knowledge, or attitudes. As a result, individuals make a change or transformation that improves or enhances their performance. These improvements ensure that people and organizations are able to do things better, faster, easier, and with higher quality.

Step -1. Training Needs Assessment (TNA)

The first step in developing a training program is to identify and assess needs of participants (program personnel and service providers of respective department). In this process, knowledge, attitude and skills of participants are assessed through different methods to identify their training need. The simple approach training needs assessment is **Existing Knowledge, Attitude and Skill (KAS) – Required (KAS) = Training Needs (identify gap)**

Step – 2: Setup training objectives

These gaps should be analyzed and prioritized and turned into the organization's training objectives. The ultimate goal is to bridge the gap between current and desired performance through the development of a training program.

Step-3: Development of training module/Manual:

In this step, to achieve the training objectives, contents/topics of the training program should be carefully identified. Training module/manual need to be developed based on identified contents/topics including methods, required materials and lesson plan. For finalizing the training module/manual, test-run of the newly developed training module need to be arranged with the intended participants. Finalize the training module/manual based on findings of the test-run.

Step-4: Develop Core Trainers' Team

A skilled and professional trainer's team is required for each sector program. This team should be oriented on the newly developed training module/manual with appropriate methods and materials.

Step-5: Develop Training Plan:

The next step is to develop a training plan that includes schedule of training program, target participants and number, number of batches, duration, training venue, required logistics/equipments, fund, responsible person etc.

Step-6: Implementation of training Program:

The implementation phase is where the training program comes to life. Organizations need to decide whether training will be delivered in-house or externally coordinated. The training program is then officially launched, promoted and conducted. During the training conduction, facilitation skills of the trainers, involvement of participant should be monitored to ensure quality as well as effectiveness of the training program.

Step-7: Monitor Training program:

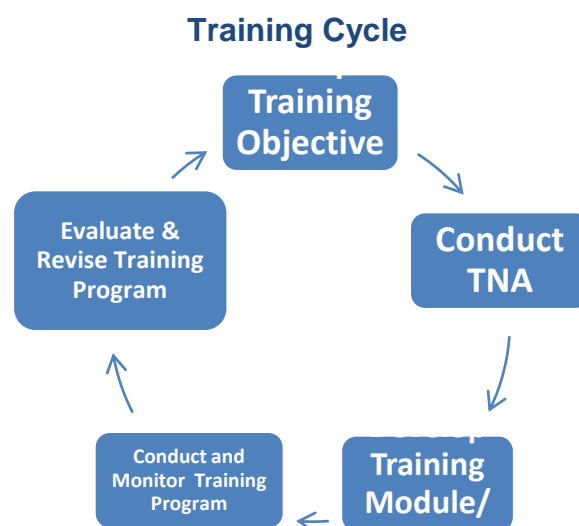
In order to ensure the quality and as well as effectiveness of the training program, all the training programs needs to monitored with developed checklist. The findings of the training monitoring report will help the trainers, participants and management personnel to improve the quality of the training program in future.

Step-8: Evaluate Training Program:

The entire training program should be evaluated to determine the effectiveness and assess how far the training objective has met. Feedback should be obtained from all stakeholders to determine program and instructor effectiveness and also knowledge or skill acquisition. Analyzing this feedback

will allow the organization to identify any weaknesses in the program. At this point, the training program or action plan can be revised if objectives or expectations are not being met.

- **Participant’s Feedback:**
Get participant’s feedback about the program.
Was it informative, helpful, and riveting? Do they have any suggestions to make it better?
Collecting this kind of feedback from employees who participate in training sessions will help you come up with new and improved program versions.
- **Participant’s Assessment:** This must be done during the training sessions. Evaluate how much employees have actually understood about the training. This can be done using mini quizzes, practical exercises, etc. In brief, you want to make sure they are aware of the training objective and the process to achieve it.
- **Program Assessment:** After your trained employees report back to work, conduct on the job evaluation of the training program to measure its effectiveness in achieving the objectives.



6.1.6.3 Types of Training Program

There are various types of training programs are being implementing by the different sectors for capacity development of staff. The training program are as follows:

- **Pre-service/basic training:** Pre-service/basic training has been planned for the newly recruited or involved as nutrition service providers to increase technical knowledge, communication and management skill etc.
- **In-service training:** Regular in-service training for field functionaries has been planned to re-enforce the skill developed in job training and providing continuous community interaction and feedback.
- **Orientation:** Due to multi-sectoral involvement in development program, a number of personnel from various department of GOB, NGO, relevant stakeholders need to be oriented on ongoing program activities.
- **Specific program based training program:** Training program on technical issues has planned for program managers and the field staff for equipping with the technical knowledge and skills.
- **Workshop/seminar/conference:** Advocacy workshop, program related seminars, and conference is regularly arranged for strengthening program related orientation is being implementing for different types participants.
- **Overseas training for doctors/Nurses:** To enhance the capacity and update knowledge on modern technology of the service providers, overseas training has arranged.

6.1.6.4 Purpose of the guideline

The purpose of this guideline is to provide sequential oversee/monitoring procedures of the training program under ADP, whether the planned training programs are being implementing or deviating from their plan. The guideline will help the monitoring personnel/officials to look into the in-depth of each step of training program and identify any laps and gaps. This guideline also helps to assess the present status of ongoing training program as well as financial status. It will help users for preparing monitoring report.

6.1.6.5 Users of guideline

The users of this guideline are core team members of IMED. The core team members are; General Director, Director, Deputy Director, Assistant Director, Senior Program Manager, Program Manager and members of MIS unit etc.

6.1.6.6 Level of monitoring training program

The training program will be monitored up-to upazila level. IMED will decide how far they will they will monitor the training program.

6.1.6.7 Monitoring Tools/Instrument

There are 2 types of monitoring tools/instrument (checklist) will be used for monitoring of training program. These are; (i) Monitoring checklist for planned training program (2018-2019). (ii) Observation checklist for specific training program.

6.1.6.8 Overall Assessment of training program

There are numbers of training programs are being implementing under the IMED through different departments/organizations in the country. These training program needs to be monitored in systematic approaches to get up-to-date information about the training program. The details of the training assessment format is stating below:

Planned training program monitoring of NNS 2018-2019:

Types of training program	Number of training program (Target)	Number of training program completed (Achievement)	Remarks in %
1.			
2.			
3.			

Number of training wise participants of training program

Types of training program	Number of participants(Target)	Number of participants attended (Achievement)	Remarks in %
1.			
2.			
3.			

Financial Monitoring of Training Program (2018-2019):

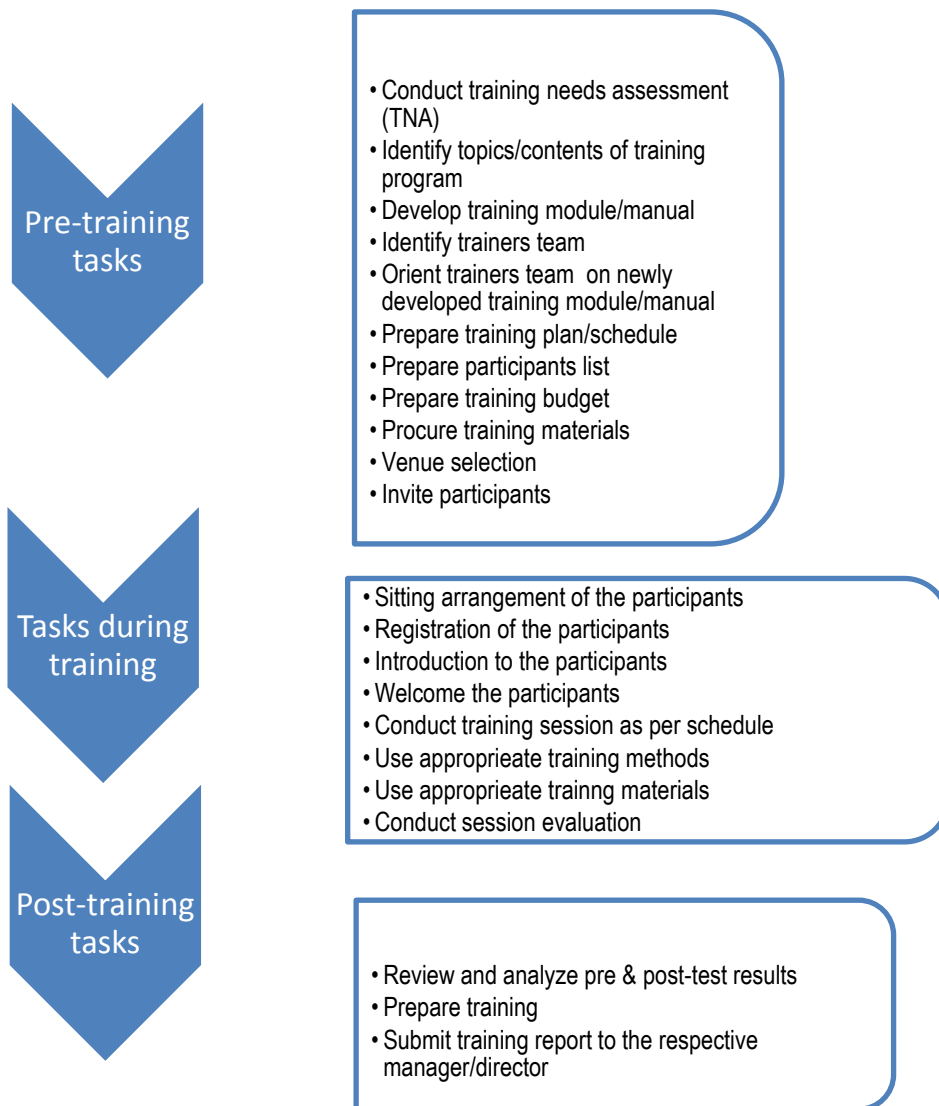
Planned training program	Source of training fund	Allocation of fund	Expenditure of fund	Status of utilization of training fund in %

6.1.6.9 Monitoring of specific training program

In order to ensure the quality as well as effectiveness of the training program, all the steps of the training program needs to be closely monitored. The details of the steps are stating below:

Areas of training monitoring program: There are 3 major stages of training program for monitoring. These are; (i) Tasks of pre-training period (ii) Tasks of during training conduction and (iii) Tasks of post- training period.





As a monitoring personnel/official all the above-mentioned areas/tasks need to be closely monitored with developed monitoring checklist.

Glossary:

Lecture method is a teaching method which the presenters or the trainer teachers orally to a group of class participants. A lecture is used to convey critical information theories and enquires.



Role-play is a technique that allows students to explore realistic situations by interacting with other people in a managed way in order to develop experience and trial different strategies in a supported environment



A **method demonstration** is a teaching **method** used to communicate an idea with the aid of visuals such as flip charts, posters, power point, etc.

A **demonstration** is the process of teaching someone how to make or do something in a step-by-step process. As you show how, you “tell” what you are doing.



Question-Answer Method of Teaching. **Question answer** teaching strategy is an old strategy also known as “Socratic **Method** of teaching”. It was developed by the famous philosopher Socrates. According to Parke, “the **question** is the key to all educative activity above the habit-skill level.



A **whiteboard** is a non-electronic variation of the traditional "rewriteable" schoolroom blackboard, but is white instead of black and of a material that can be written on with colored markers (known as dry erase markers).



A **whiteboard marker**, or a *dry erase marker* in some locations, uses an erasable ink, made to be used on a slick (or matte-finished), non-porous writing surface, for temporary writing with overhead projectors, *whiteboards*, and the like.



A **flip chart** is a stationery item consisting of a pad of large **paper** sheets. It is typically fixed to the upper edge of a whiteboard, typically supported on a tripod or four-legged easel. Such charts are commonly used for presentations.



A poster paper is a way of presenting a research or education **paper** by posting text, images, and graphics on a flat surface (usually 1m x 1m) such as a corkboard. It is an increasingly common way of giving a **paper** at a scientific meeting. Many, and sometimes all contributed **papers** are given in this **manner**



Multimedia is content that uses a combination of different content forms such as text, audio, images, animations, video and interactive content. *Multimedia* contrasts with media that use only rudimentary computer displays such as text-only or traditional forms of printed or hand-produced material.



Display screen means the **display** part of a **monitor**. Most **display screens** work under the same principle as a television, using a cathode ray tube (CRT). Consequently, the term CRT is often used in place of **display screen**.



Chapter VII: Recommendations

1. Identify common areas of project components.
2. Project progress monitoring is to be carried out following physical progress measuring index.
3. Updatating guideline is a dynamic process, it is needed to update time to time with expert opinion.

References

1. Project Monitoring Form: IMED 01/2003 (Revised)
(For New/Approved/Revised Approved Project)
2. Project Monitoring Form: IMED 02/2003 (Revised)
Yearly Target
ADP: 20.....
3. Project Monitoring Form: IMED 03/2003 (Revised)
Quarterly Progress Report
ADP 20....., Reporting Quarters
4. Project Completion Report: IMED 04/2003 (Revised)
5. Monthly Implementation
Progress Review Meeting of IMED 05/2003 (Revised)
6. Guideline for Programme Design, Monitoring and Evaluation
Finlands Development Cooperation.
7. Monitoring Evaluation Guidelines
United Nations World Food Programme
Office of Evaluation
8. Monitoring and Evaluation (M&E) Manual on Construction Works
(Roads, Bridges and Culverts)
Prepared By: Nisar Ahmed Khan
Monitoring and Evaluation Consultant, SMECI Project
November, 2015
9. Monitoring and Evaluation (M&E) Manual on Construction Works
(Buildings)
Prepared By: Nisar Ahmed Khan
Monitoring and Evaluation Consultant, SMECI Project
November, 2015

A5. Revision with change of cost of project: Yes No

A6. Project Location:

A7. Any other Information:

B. Main Objectives and Components of the Project

B1. Objectives:

B1.1 _____

B1.2 _____

B1.3 _____

B2. Type of the Training program: Basic Refresher

B3. Components (please tick boxes below as appropriate to this project):

B3.1 Conduct Training Needs Assessments (TNA)

B3.2 Develop Training Manual/Module

B3.4 Procure Training Materials

B3.5 Conduct Training of Trainers (TOT) Program

B3.6 Conduct/Implement Training Program

B3.7 Others, PI specify _____

C. Observe Training Session

C1. Training Session Starting Time: _____ Training Session End time: _____

C2. No. of participants: _____

C3. Please observe training session and put √ mark as appropriate:

C3.1 Whether registration of participants done in time? Yes No

C3.2 Whether trainer welcomed the participants? Yes No

C3.3 Whether trainer briefed training objectives? Yes No

C3.4 Whether distributed training materials? Yes No

C3.5 Whether sitting arrangement was good? Yes No

C3.6 Whether conduction of session was good (Please Specify)

C3.7 Whether training methods was appropriate (Please Specify)

C3.8 Whether training materials was appropriate? (Please Specify)

C3.9 Whether trainees were allowed to ask questions? Yes No

C3.10 Whether summing up session was good? (Please Specify)

C3.11 Whether conducted session evaluation? Yes No

C3.12 Whether conducted trainers evaluation by the trainees? Yes No

C3.13 Whether participants were thanked and the Closing session was good? Yes No

C4. Overall comments on the training session:

Name of the Monitoring Officer

Designation:

Date:

B. Main Objectives and Components of the Project

B1. Objectives:

B1.1 _____

B1.2 _____

B1.3 _____

B2. Type of the Training program: Basic Refresher Others, PI specify _____

B3. Components (please tick boxes below as appropriate to this project):

B3.1 Conduct Training Needs Assessments (TNA)

B3.2 Develop Training Manual/Module

B3.3 Procure Training Materials

B3.4 Conduct Training of Trainers (TOT) Program

B3.5 Conduct/Implement Training Program

B3.6 Others, PI specify _____

C. Assessment of Training Program

C1. Pre-Training Stage (please collect and review documents as appropriate)

Sl. No.	Assessment Areas	Assessment Status (Put \checkmark)		Points/Marks for Assessment Area	
		Yes	No	Full Points	Points obtained
1	Whether conducted Training Needs Assessment (TNA) & documents available?			10	
2	Whether training module/manual developed based on TNA findings & documents available?			10	
3	Whether training module finalized based on test-run?			5	
4	Whether Training of Trainers completed based on newly developed training module?			10	
5	Whether prepared training plan?			5	
Sub-Total				40	

C2. During Training Stage (please collect and review documents as appropriate)

Sl. No.	Assessment Areas	Assessment Status (Put \checkmark)		Points/Marks for Assessment Area	
		Yes	No	Full Points	Points obtained
1	Whether training program was started and completed as per plan?			10	
3	Whether training materials used were good in quality and appropriate?			10	
4	Whether trainees were allowed to ask questions?			5	
5	Whether management team monitored the training session using checklist?			5	
6	Whether evaluate the training session at the end of each session?			10	
Sub-Total				40	

C3. Post-Training Stage

Sl. No.	Assessment Areas	Assessment Status (Put √)		Points/Marks for Assessment Area	
		Yes	No	Full Points/Mark	Points/Mark obtained
1	Whether training target was achieved?			10	
2	Whether training report were prepared and available?			5	
3	Whether prepared training evaluation report and available?			5	
Sub-Total				20	
Total				100	

Overall comments on the training sessions:

Name of the Monitoring Officer

Designation:

Date:

Checklist: Impact of Training Program

(This checklist is to be used after 1 year of the completion of training project)

Date of assessing Impact: _____ Place of Assessing Impact: _____

A. Basic Information about Project

A1. Name of the Training Project:

A2. Executing Authority:

A2.1 Ministry:

A2.2 Division:

A2.3 Agency/Lead Agency:

A2.4 Agency Type: Single Multiple

If multiple, list name of the multiple agencies:

Sl. No.	Agency Name

A3.1 Project Cost (in lakh taka):

Original: _____

Revised: _____

A3.2 Incase of participatory funding

GOB: _____

Own fund: _____

A3.3 Ways of contrtibution of participants:

Land Cash Other

A3.4 Value of land assessed by: Govt. Participants

A4. Implementation Period:

Original: From To
Day Month Year Day Month Year

Revised: From To
Day Month Year Day Month Year

A5. Revision with change of cost of project: Yes No

A6. Project Location:

A7. Any other Information:

B. Main Objectives and Components of the Project

B1. Objectives:

B1.1 _____

B1.2 _____

B1.3 _____

B2. Type of the Training program: Basic Refresher

B3. Components (please tick boxes below as appropriate to this project):

B3.1 Conduct Training Needs Assessments (TNA)

B3.2 Develop Training Manual Module

B3.3 Procure Training Materials

B3.4 Conduct Training of Trainers (TOT) Program

B3.5 Conduct/Implement Training Program

B3.6 Others, pl specify _____

C. Impact of Training Program

C1. Impression of Trainee about Training Program (Please put \checkmark mark as appropriate):

C1.1 Did you received this training program? Yes No (if No, end here)

C1.2 Is that training provides you knowledge & skills to do your job well? Yes No

C1.3 Was that trainer was good and beneficial for you? Yes No

C1.4 Did you received and kept the training materials? Yes No

C1.5 Is that training materials still useful for you? Yes No

C1.6 Do you want such training program again? Yes No

C2. Overall comments of the trainee about the training program:

Name of the Monitoring Officer

Designation:

Date:

Checklist: Monitoring National Nutrition Services (NNS)

(This checklist is to be used to monitor ongoing NNS program)

Monitoring Date: _____ Monitoring Place: _____

A. Basic Information about Project

A1. Name of the NNS Project:

A2. Executing Authority:

A2.1 Ministry:

A2.2 Division:

A2.3 Agency/Lead Agency:

A2.4 Agency Type: Single Multiple*If multiple, list name of the multiple agencies:*

Sl. No.	Agency Name

A3. 1 Project Cost (in lakh taka):

Original: _____

Revised: _____

A3.2 Allocation of fund for current FY (amount): Tk. _____

A3.3 Status of fund release: Released Not released

A3.4 Reasons for not release the fund: _____

A4. Implementation Period:

Original: From To
Day Month Year Day Month YearRevised: From To
Day Month Year Day Month YearA5. Revision with change of cost of project: Yes No

A6. Project Location:

A7. Name of the Service Delivery Centre: Upazila: District

A8. Any other Information:

B. Main Objective(s) of the Project

B1. _____

B2. _____

B3. _____

C. Child Nutrition Program

C1. Availability of yearly work plan for child nutrition program: Available Not Available

C2. Services offer for child nutrition program (please tick boxes below as appropriate):

C2.1 Growth Monitoring & Promotion (GMP)

C2.2 Infant Young Child Feeding (IYCF)

C2.3 Management of Severe Acute Malnutrition (SAM)

C2.4 Nutrition Counselling

C2.5 Referral

C3. Availability of the following communication materials regarding child nutrition (please tick boxes below as appropriate):

Guideline

Poster

Module/Manual

GMP Card

Protocol

Others

C4. Monthly targets for Child Nutrition Services for this service centre:

C4.1 Weight taking _____ number of children

C4.2 Height taking _____ number of children

C4.3 Filling GMP card _____ number of children

C4.4 Measuring MUAC _____ number of children

C4.5 Counselling child's mother _____ number of children

C5. Total number of underweight, overweight and stunting children according to last month data:

C5.1 Underweight _____ number of children

C5.2 Overweight _____ number of children

C5.3 Stunting _____ number of children

C6. Instruments, equipment and supplies available on the monitoring day to deliver child nutrition services:

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
Micronutrient/medicine			
1	Vitamin-A Capsule		
2	ORS/Zinc		
3	Deworming tablet/syrup		
4	Others		
Instrument/supplies			
1	Digital scale/Bathroom scale		
2	Salter scale/Infant spring scale		
3	Height length board		
4	MUAC Tape		
5	GMP Card		
6	Register Book		
7	Reporting Form		
8	Others		

D. Severe Acute Malnutrition (SAM) Program

D1. Number of trained doctors on SAM in this centre: _____

D2. Number of trained nurses on SAM in this centre: _____

D3. Services offer for SAM program (please put tick as appropriate):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Weight/Height Taking | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Measuring by MUAC | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Management of Severe Mal-Nutrition | <input type="checkbox"/> Others |

D4. Availability of national guideline for treatment of SAM children: Available Not available

D5. Admission of SAM children during visit day: _____ number

D6. Instruments, equipment and supplies available on the monitoring day to provide care for SAM children:

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
1	SAM inpatient guideline		
2	CMAM guideline		
3	SAM flowchart		
4	Blender Machine		
5	Fridge		
6	F-75 pack		
7	F-100 pack		
8	Digital scale/Bathroom scale		
9	Salter scale/Infant spring scale		
10	Height length board		
11	MUAC Tape		
12	GMP Card		
13	SAM Register Book		
14	SAM Reporting Form		

E. Nutritional Services to Mothers and Adolescents

E1. Types of nutritional services are providing:

- E1.1 Pregnant Women: Weight Height BMI
 Iron Tablet Counselling Others
- E1.2 Lactating Mothers: Weight Height BMI
 Iron Tablet Counselling Others
- E1.3 Adolescents: Weight Height BMI
 Iron Tablet Counselling Others

E2. Availability of the following communication and training materials (please tick boxes below as appropriate):

- CMAM Guideline IYCF Manual
 Training Module/Manual Vitamin A distribution Guideline
 Poster GMP card

E3. Number of mothers and adolescents received services last month:

- E3.1 Weight taken for pregnant mothers: _____ mothers
E3.2 Distributed Iron Tablets to pregnant mothers: _____ mothers
E3.3 Counselling provided to pregnant mothers: _____ mothers

E3.4 Weight taken for lactating mothers: _____ mothers

E3.5 Distributed Iron Tablets to lactating mothers: _____ mothers

E3.6 Counselling provided to lactating mothers: _____ mothers

E3.7 Distributed Iron Tablets to adolescents' girls: _____ girls

E3.8 Counselling provided to adolescents' girls: _____ girls

E4. Instruments, equipment and supplies available on the monitoring day to deliver child nutrition services:

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
1	Iron Tablet		
1	Digital scale		
3	Height length board		
4	Register Book		
5	Reporting Form		
6	Laptop/Tab		
7	Modem		
8	Internet connection		

Name of the Monitoring Officer

Designation

Date

Checklist: Assessment of National Nutrition Services (NNS) Project

(This checklist is to be used just after completion of the project)

Monitoring Date: _____ Monitoring Place: _____

A. Basic Information about Project

A1. Name of the NNS Project:

A2. Executing Authority:

A2.1 Ministry:

A2.2 Division:

A2.3 Agency/Lead Agency:

A2.4 Agency Type: Single Multiple*If multiple, list name of the multiple agencies:*

Sl. No.	Agency Name

A3. Project Cost (in lakh taka):

Original: _____

Revised: _____

A4. Implementation Period:

Original: From To
Day Month Year Day Month YearRevised: From To
Day Month Year Day Month YearA5. Revision with change of cost of project Yes No

A6. Project Location:

A7. Name of the Service Delivery Centre: Upazila: District

A8. Any other Information:

B. Main Objective(s) of the Project

B1. _____

B2. _____

B3. _____

C. Child Nutrition Program

C1. Availability of yearly work plan for child nutrition program: Available Not Available

C2. Services offered for child nutrition program (please tick boxes below as appropriate):

C2.1 Growth Monitoring & Promotion (GMP)

C2.2 Infant Young Child Feeding (IYCF)

C2.3 Management of Severe Acute Malnutrition (SAM)

C2.4 Nutrition Counselling

C2.5 Referral

C3. Availability of the following communication materials regarding child nutrition (please tick boxes below as appropriate):

Guideline

Poster

Module/Manual

GMP Card

Protocol

Others

C4. Present monthly targets for Child Nutrition Services for this service centre:

C4.1 Weight taking _____ number of children

C4.2 Height taking _____ number of children

C4.3 Filling GMP card _____ number of children

C4.4 Measuring MUAC _____ number of children

C4.5 Counselling child's mother _____ number of children

C5. Total number of underweight, overweight and stunting children according to last year data:

C5.1 Underweight _____ number of children

C5.2 Overweight _____ number of children

C5.3 Stunting _____ number of children

C6. Instruments, equipment and supplies available on the day of visit to continue delivering child Nutrition services:

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
Micronutrient/medicine			
1	Vitamin-A Capsule		
2	ORS/Zinc		
3	Deworming tablet/syrup		
4	Others		
Instrument/supplies			

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
1	Digital scale/Bathroom scale		
2	Salter scale/Infant spring scale		
3	Height length board		
4	MUAC Tape		
5	GMP Card		
6	Register Book		
7	Reporting Form		
8	Others		

D. Severe Acute Malnutrition (SAM) Program

D1. Number of trained doctors on SAM in this centre: _____

D2. Number of trained nurses on SAM in this centre: _____

D3. Services offer for SAM program (please put tick as appropriate):

- Weight/Height Taking
 Counselling
 Measuring by MUAC
 Referral
 Management of Severe Mal-Nutrition
 Others

D4. Availability of national guideline for treatment of SAM children: Available Not available

D5. Admission of SAM children during project period: _____ number

D6. Instruments, equipment and supplies available on the monitoring day to continue providing care for SAM children:

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
1	SAM inpatient guideline		
2	CMAM guideline		
3	SAM flowchart		
4	Blender Machine		
5	Fridge		
6	F-75 pack		
7	F-100 pack		
8	Digital scale/Bathroom scale		
9	Salter scale/Infant spring scale		
10	Height length board		
11	MUAC Tape		
12	GMP Card		
13	SAM Register Book		
14	SAM Reporting Form		

E. Nutritional Services to Mothers and Adolescents

E1. Types of nutritional services are providing:

- E1.1 Pregnant Women: Weight Height BMI
 Iron Tablet Counselling Others
- E1.2 Lactating Mothers: Weight Height BMI
 Iron Tablet Counselling Others
- E1.3 Adolescents: Weight Height BMI
 Iron Tablet Counselling Others

E2. Availability of the following communication and training materials (please tick boxes below as appropriate):

- CMAM Guideline IYCF Manual
 Training Module/Manual Vitamin A distribution Guideline
 Poster GMP card

E3. Number of mothers and adolescents girls received services during the project period:

Sl. No.	Services	Project Targets	Services Received	Percentage of Achievements
1	Weight taken for pregnant mothers			
2	Distributed Iron Tablets to pregnant mothers			
3	Counselling provided to pregnant mothers			
4	Weight taken for lactating mothers			
5	Distributed Iron Tablets to lactating mothers			
6	Counselling provided to lactating mothers			
7	Distributed Iron Tablets to adolescents' girls			
8	Counselling provided to adolescents' girls			

E4. Instruments, equipment and supplies available on the monitoring day to deliver child nutrition services:

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
1	Iron Tablet		
1	Digital scale		
3	Height length board		
4	Register Book		
5	Reporting Form		
6	Laptop/Tab		
7	Modem		
8	Internet connection		

Name of the Monitoring Officer

Designation

Date

Checklist: Impact of National Nutrition Services (NNS) Project

(This checklist is to be used after 1 year of the completion of project)

Date of assessing Impact: _____ Place of Assessing Impact: _____

A. Basic Information about Project

A1. Name of the NNS Project:

A2. Executing Authority:

A2.1 Ministry:

A2.2 Division:

A2.3 Agency/Lead Agency:

A2.4 Agency Type: Single Multiple

If multiple, list name of the multiple agencies:

Sl. No.	Agency Name

A3. Project Cost (in lakh taka):

Original: _____

Revised: _____

A4. Implementation Period:

Original: From To
Day Month Year Day Month Year

Revised: From To
Day Month Year Day Month Year

A5. Revision with change of cost of project Yes No

A6. Project Location:

A7. Name of the Service Delivery Centre: _____ Upazila: _____ District _____

A8. Any other Information:

B. Main Objective(s) of the Project

B1. _____

B2. _____

B3. _____

C. Child Nutrition Program

C1. Availability of the following communication materials regarding child nutrition (please tick boxes below as appropriate):

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Guideline | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Module/Manual | <input type="checkbox"/> GMP Card |
| <input type="checkbox"/> Protocol | <input type="checkbox"/> Others |

C2. Present monthly targets for Child Nutrition Services for this service centre:

- C2.1 Weight taking _____ number of children
 C2.2 Height taking _____ number of children
 C2.3 Filling GMP card _____ number of children
 C2.4 Measuring MUAC _____ number of children
 C2.5 Counselling child's mother _____ number of children

C3. Total number of underweight, overweight and stunting children compared with last year of the project period and in last 12 months:

Sl. No.	Category of children	Last year of the project period	Last 12 months
1	Underweight		
2	Overweight		
3	Stunting		

C4. Instruments, equipment and supplies available on the day of visit to continue delivering child Nutrition services:

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
Micronutrient/medicine			
1	Vitamin-A Capsule		
2	ORS/Zinc		
3	Deworming tablet/syrup		
4	Others		
Instrument/supplies			
1	Digital scale/Bathroom scale		
2	Salter scale/Infant spring scale		
3	Height length board		
4	MUAC Tape		
5	GMP Card		
6	Register Book		
7	Reporting Form		
8	Others		

D. Severe Acute Malnutrition (SAM) Program

D1. Number of trained doctors on SAM in this centre: _____

D2. Number of trained nurses on SAM in this centre: _____

D3. Services offer for SAM program (please put tick as appropriate):

- Weight/Height Taking Counselling
 Measuring by MUAC Referral
 Management of Severe Mal-Nutrition Others

D4. Availability of national guideline for treatment of SAM children: Available Not available

D5. Instruments, equipment and supplies available on the monitoring day to continue providing care for SAM children:

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
1	SAM inpatient guideline		
2	CMAM guideline		
3	SAM flowchart		
4	Blender Machine		
5	Fridge		
6	F-75 pack		
7	F-100 pack		
8	Digital scale/Bathroom scale		
9	Salter scale/Infant spring scale		
10	Height length board		
11	MUAC Tape		
12	GMP Card		
13	SAM Register Book		
14	SAM Reporting Form		

E. Nutritional Services to Mothers and Adolescents

E1. Types of nutritional services are providing:

- E1.1 Pregnant Women: Weight Height BMI
 Iron Tablet Counselling Others
- E1.2 Lactating Mothers: Weight Height BMI
 Iron Tablet Counselling Others
- E1.3 Adolescents: Weight Height BMI
 Iron Tablet Counselling Others

E2. Availability of the following communication and training materials (please tick boxes below as appropriate):

- CMAM Guideline IYCF Manual
 Training Module/Manual Vitamin A distribution Guideline
 Poster GMP card

E3. Number of mothers and adolescents girls received services during the last 12 months of the project period and in last 12 months prior to this assessment:

Sl. No.	Services	Last 12 months of the project period	Last 12 months prior to this assessment	Increased or decreased
1	Weight taken for pregnant mothers			
2	Distributed Iron Tablets to pregnant mothers			
3	Counselling provided to pregnant mothers			
4	Weight taken for lactating mothers			
5	Distributed Iron Tablets to lactating mothers			
6	Counselling provided to lactating mothers			
7	Distributed Iron Tablets to adolescents' girls			
8	Counselling provided to adolescents' girls			

E4. Instruments, equipment and supplies available on the monitoring day to deliver child nutrition services:

Sl No.	Name of the Instrument/Supplies/Medicine	Quantity	Remarks
1	Iron Tablet		
2	Digital scale		
3	Height length board		
4	Register Book		
5	Reporting Form		
6	Laptop/Tab		
7	Modem		
8	Internet connection		

Name of the Monitoring Officer

Designation

Date

B. Main Objectives and Components of the Project

B1. Objectives:

B1.1 _____

B1.2 _____

B1.3 _____

B2. Main Components of the Project (please tick boxes below as appropriate to this project):

- B2.1 Prepare design & get it approved
- B2.2 Establishment/Construction of health care facility
- B2.3 Prepare specifications for equipment & other supplies/goods
- B2.4 Procurement of Medical Equipment & other supplies/goods
- B2. 5 Deploy/Recruit Manpower
- B2.6 Conduct/arrange training
- B2.7 Conduct research/study
- B2.8 Others, please specify _____

C. Implementation Status of the Project

C1. Physical Facility (Please go through this section if this project has this component)

- C1.1 Whether acquisition of land completed? Yes No
- C1.2 Did all the designs of the facility have been prepared? Yes No
- C1.3 Designs approval date:

--	--	--	--	--	--

Day Month Year
- C1.4 Date of signing of contract to do the construction work:

--	--	--	--	--	--

Day Month Year
- C1.5 Date of completion of the construction work:

--	--	--	--	--	--

Day Month Year
- C1.6 Physical progress of the construction work in comparison with the planned work plan:

--	--	--

 Percent

C1.7 Reasons of slow progress (if less than 80% progress made):

- 1 _____
- 2 _____
- 3 _____

C2. Procurement of Goods

- C2.1 How many items of equipment/goods are to be procured in this project? _____ Number
- C2.2 How many supply contracts are to be made to procure all items? _____ Number

C2.3 Estimated value of all items/goods: _____ Taka

C2.4 Preparation of specifications for all items/goods: Prepared Not prepared

C2.5 If not prepared the specifications, please notes the reasons:

C2.6 If prepared the specifications, please collect copy of the specifications; and the name and designation of the members of specification preparation committee(s):

Sl. No.	Name	Designation	Organization
1			
2			
3			

C2.7 Procurement methods to procure all items (please put tick mark):

- International Competitive Bidding (ICB)
- Pre-qualification for ICB
- National Competitive Bidding (NCB)
- National Open Tendering
- Open Tendering with International Competition
- Limited International Bidding (LIB)
- Restricted Tendering with Enlistment
- Request for Quotation
- Direct Contracting
- Procurement through UN Agencies

C2.8 Estimated timeframes to complete procurement of goods: From: _____ to _____

C2.9 Status of procurement:

C2.9.1 Preparation of bidding/tender documents: Under preparation Completed

C2.9.2 Invitation of bids/tender: Under process Invited

C2.9.3 Bids/Tender submission last date: Not Applicable
Day Month Year

C2.9.4 Evaluation of Bids/Tender: Under Evaluation Evaluated Not Applicable

C2.9.5 Contract award: Under process Awarded Not Applicable

C2.9.6 Contract execution method: Letter of Credit Local supply Not Applicable

C2.9.7 Pre-shipment inspection by: Own staff Inspection Agency Not Applicable

C2.9.8 Last date of delivery:

--	--	--	--	--	--

Day Month Year

C2.9.9 Status of payment: Partial payment made Full payment made Not Applicable

C2.9.10 If payments are made, please check quality and quantity of goods received in conformity with the specifications:

Sl. No.	Name of the goods	Ordered Quantity	Quantity Delivered	Comments on Quality
1				
2				
3				
4				
5				
6				

C3. Procurement of Services (Selection of consultant or consulting firm)

C3.1 Purpose of engaging consultant: To provide Training
 To do research/study
 To prepare specifications
 To prepare designs

C3.2 Budgeted amount for the consultancy job: _____ Taka

C3.3 Preparation of Terms of Reference (TOR): Under preparation Prepared (collect a copy)

C3.4 Procurement method to select consultant (Please put tick mark):

- Quality and Cost Based Selection (QCBS)
- Quality Based Selection (QBS)
- Selection Under Fixed Budget (FBS)
- Least-Cost Selection (LCS)
- Single Source Selection
- Individual Consultants
- Selection based on Consultant's Qualifications
- Service Delivery Contractors
- Selection among Community Service Organizations

C3.5 Estimated timeframes to complete the consultancy job: From: _____ to _____

C3.6 Publication of specific procurement notice for expression of interest:

Published Under publication (go to section D)

C3.7 Preparation of short listed firms/consultants:

Prepared Under preparation (go to section D)

C3.8 Preparation of Proposal Documents:

Prepared Under preparation

C3.9 Sending of Request for Proposal (RFP) Documents to short listed firms/consultants to submit technical and financial proposals:

Sent Under process of sending (go to section D)

C3.10 Last date of proposal submission: ____/____/____/

C3.11 Evaluation of technical proposals: Evaluated Under Evaluation (go to section D)

C3.12 Evaluation of financial proposals: Evaluated Under Evaluation (go to section D)

C3.13 Contract award: Awarded Under process (go to section D)

C3.14 Status of payment: Full payment made Partial payment made No payment

C3.15 If payment are made, please collect and note outputs of the assignment:

D. Deploy or Recruitment of Project Manpower

Sl. No.	Name of position	Sanctioned post	Filled in Post	Vacant Post	Remarks
1	Officer				
2	Staff				
3	Master roll				
Total					

E. Overall Physical Progress of the Project Activities:

Sl. No.	Project Activities	Progress in %	Remarks
1	Office set up/Administrative cost		
2	Deploy or recruitment of officers and staff		
3	Physical facility constructions		
4	Procurement of goods		
5	Procurement of services		
6	Other activities		

F. Financial Performance

Sl. No.	Heads of Expenditure	Budgeted Amount	Expenditure made	% of expenditure	Remarks
1	Office set up				
2	Deploy or recruitment of officers and staff				
3	Physical facility constructions				
4	Procurement of goods				
5	Procurement of services				
6	Other activities				
Total					

Overall comments (if any):

Name of the Monitoring Officer

Designation

Date

B2. Main Components of the Project (please tick boxes below as appropriate to this project):

- B2.1 Prepare design & get it approved
- B2.2 Establishment/Construction of health care facility
- B2.3 Prepare specifications for equipment & other supplies/goods
- B2.4 Procurement of Medical Equipment & other supplies/goods
- B2.5 Deploy/Recruit Manpower
- B2.6 Conduct/arrange training
- B2.7 Conduct research/study
- B2.8 Others, please specify _____

C. Completion Status of the Project

C1. Physical Facility (Please go through this section if this project has this component)

C1.1 Completion of the physical facility construction: Fully Completed Partially completed

C1.2 If partially completed, note the reasons:

C1.3 Status of utilities services connections (Please out tick mark as appropriate):

- Electricity
- Gas (if applicable) Gas (not applicable)
- Water

C1.4 Status of handing over the facility to the concerned authority:

- Handed Over Not yet handed over

C1.5 Reasons for late in handed over and plan for handing and taking over:

- 1 _____
- 2 _____
- 3 _____

C2. Procurement of Goods

C2.1 Number of equipment/goods procured for this project: _____ Number

C2.2 Number of supply contracts to procure all items? _____ Number

C2.3 Total values of all contracts: _____ Taka

C2.4 Name of the items/goods procured by contracts:

Contract # or Package #	Name of the items/goods	Quantity Ordered	Quantity Received	Contract Value
1				
2				
3				

C2.5 Procurement methods followed to procure all items/goods:

Contract or Package #	Procurement Method Followed	No. Of Items

C2.6 Status of payment: Partial payment made Full payment made

C2.7 If partial payments made, tentative time for making remaining payments: ____/____/____/

C3. Procurement of Services (Selection of consultant or consulting firm)

- C3.1 Purpose of engaging consultant: To provide Training
 To do research/study
 To prepare specifications
 To prepare designs

C3.2 Contract amount for the consultancy job: _____ Taka

C3.3 Procurement method followed to select consultant: _____

C3.4 Consultancy starting date: ____/____/____/

C3.5 Consultancy end date: ____/____/____/

C3.6 Availability of consultancy completion report(s): Available (collect a copy) Not available

C3.7 If report is not available, please note the reasons:

C3.8 Achievements/outcomes of this assignment in percentage: _____%

C3.9 Status of payment: Full payment made Partial payment made No payment

C3.10 If partial payment are made, tentative time for making remaining payments:
____/____/____

D. Status of Project Manpower

Sl. No.	Name of position	Sanctioned post	Filled in Post	Vacant Post	Remarks
1	Officer				
2	Staff				
3	Master roll				
Total					

E. Overall Physical Progress of the Project Activities:

Sl. No.	Project Activities	Progress in %	Remarks
1	Office set up/Administrative cost		
2	Deploy or recruitment of officers and staff		
3	Physical facility constructions		
4	Procurement of goods		
5	Procurement of services		
6	Other activities		

F. Financial Performance

Sl. No.	Heads of Expenditure	Budgeted Amount	Expenditure made	% of expenditure	Remarks
1	Office set up				
2	Deploy or recruitment of officers and staff				
3	Physical facility constructions				
4	Procurement of goods				
5	Procurement of services				
6	Other activities				
Total					

Overall comments (if any):

Name of the Monitoring Officer

Designation

Date

B2. Main Components of the Project (please tick boxes below as appropriate to this project):

- B2.1 Establishment/Construction of health care facility
- B2.2 Procurement of Medical Equipment & other supplies/goods
- B2.3 Deploy/Recruit Manpower
- B2.4 Conduct/arrange training
- B2.5 Conduct research/study
- B2.6 Others, please specify _____

C. Impact of the Project

C1. Physical Facility (Please go through this section if this project has this component)

- C1.1 Cost for constructing the physical facility: _____ Taka
- C1.2 Completion of the physical facility construction: Fully Completed Partially completed
- C1.3 Use status of the facility for the purposes it was built: In use Not in use
- C1.4 If not in use, please note the reasons:

C2. Procurement of Goods

- C2.1 Status of the use of medical equipment procured for this project: In use Not in use
- C2.2 If in use, please note number of beneficiaries/service recipient by major equipment in last month:

Sl. No.	Name of the medical equipment	No. Of Beniciaries
1		
2		
3		
4		
5		

C2.3 If not in use, please notes the reasons:

C3. Procurement of Services (Selection of consultant or consulting firm)

- C3.1 Purpose of engaging consultant: To provide Training
 To do research/study
 To prepare specifications
 To prepare designs

C3.2 Contract amount for the consultancy job: _____ Taka

C3.3 Procurement method followed to select consultant: _____

C3.4 Consultancy starting date: ____/____/____/

C3.5 Consultancy end date: ____/____/____/

C3.6 Availability of consultancy completion report(s): Available (collect a copy) Not available

C3.7 If report is not available, please note the reasons:

C3.8 Implementation status of the recommendations of the assignment:

Sl. No.	Recommendations	Implementation Status
1		
2		
3		
4		

Overall comments (if any):

Name of the Monitoring Officer

Designation

Date

Questionnaire for Monitoring of Operation Plan of Health Sector
(Checklist: Monitoring Health Facility)

(This checklist is to be used to monitor ongoing services of a Health Facility)

Monitoring Date: ----- Monitoring Place:-----

A. Basic Information about Facility

- A1. Name of Facility:
- A2. Executing Agency
 - A2.1 Ministry
 - A2.2 Division
- A3. Location of visit:
- A4. Name of Department:
- A5. Any other information:

B. Main Activities to be Monitored

B1. Target Registers to be Checked (Check for last six months)

- B1.1 Attendance Register Available Updated Not updated Not applicable
- B1.2 Master Register Available Updated Not updated Not applicable
- B1.3 Patient Register Available Updated Not updated Not applicable
- B1.4 Visitor’s book Available Updated Not updated Not applicable
- B1.5 Referral Register Available Updated Not updated Not applicable
- B1.6 Medicine Register Available Updated Not updated Not applicable
- B1.7 Asset Register Available Updated Not updated Not applicable
- B1.8 Supply Register Available Updated Not updated Not applicable
- B1.9 Other Please specify Available Updated Not updated Not applicable

C. Availability of doctors on the day of monitoring

- C1. Sanction post of Doctors:
- C1.2 Number present on the day of visit:
- C1.3 Reasons of unavailability of doctor(s):

- | | |
|---|---|
| <input type="checkbox"/> Meeting elsewhere | <input type="checkbox"/> Leave on personal ground |
| <input type="checkbox"/> Attending training program | <input type="checkbox"/> Study tour |
| <input type="checkbox"/> Unauthorized leave | <input type="checkbox"/> Other |

D. Availability of nurses on the day of monitoring

D1. Sanction post of Nurses:

D1.2 Number present on the day of visit:

D1.3 Reasons of unavailability of nurse(s):

<input type="checkbox"/>	Meeting elsewhere	<input type="checkbox"/>	Leave on personal ground
<input type="checkbox"/>	Attending training program	<input type="checkbox"/>	Study tour
<input type="checkbox"/>	Unauthorized leave	<input type="checkbox"/>	Other

Applicable for Health Services

E. Sensitive type of patients

Types of illness	Availability of medicine		Availability of doctor	
E1.1 Excessive bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E1.2 Children Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E1.3 Childhood Earaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E1.4 Various injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E1.4 Chest Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E1.5 Abdominal Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E1.6 Back Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E1.7 Shortness of Breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E1.8 Other (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. Status of Procurement of Medicine (Check for last six months)

F1.1 Supply against demand/indent Yes No

F1.2 Supply on regular basis Yes No

G. Availability of equipment for treatments in the place of visit

G.1 Name of equipment Availability as per specification Not availability Not applicable

G.1.1 X-Ray Film processor tabletop Yes No Not availability Not applicable

G.1.2 X-ray Film Viewer Yes No Not availability Not applicable

G.1.3 X-Ray Unit Universal Yes No Not availability Not applicable

- G.1.4 Ultrasound (3 probes) Yes No Not availability Not applicable
- G.1.5 Gastro scope Yes No Not availability Not applicable
- G.1.6 Electrocardiograph 3 channels Yes No Not availability Not applicable
- G.1.7 Operating theatre light (5 spotlights) Yes No Not availability Not applicable
- G.1.8 Operating Table Yes No Not availability Not applicable
- G.1.9 Anesthesia trolley Yes No Not availability Not applicable
- G.1.10 Electrosurgical Unit Yes No Not availability Not applicable
- G.1.11 Suction Pump Yes No Not availability Not applicable
- G.1.12 Operating instrument set Yes No Not availability Not applicable
- G.1.13 Defibrillator Yes No Not availability Not applicable
- G.1.14 Ventilator ICU Yes No Not availability Not applicable
- G.1.15 Pulsoximeter Yes No Not availability Not applicable
- G.1.16 Patient Monitor, ICU Yes No Not availability Not applicable
- G.1.17 Patient Monitor, anesthesia Yes No Not availability Not applicable
- G.1.18 Oxygen Concentrator Yes No Not availability Not applicable
- G.1.19 Couch, Gynecology Yes No Not availability Not applicable
- G.1.20 Delivery Bed Yes No Not availability Not applicable
- G.1.21 Examination Lamp Yes No Not availability Not applicable
- G.1.22 Uterine Aspiration Set Yes No Not availability Not applicable
- G.1.23 Fetal Monitor Yes No Not availability Not applicable
- G.1.24 Scale for newborn children Yes No Not availability Not applicable
- G.1.25 Microscope Yes No Not availability Not applicable
- G.1.26 Analyzer Hematology Yes No Not availability Not applicable
- G.1.27 Coagulometer Yes No Not availability Not applicable
- G.1.28 Incubator laboratory Yes No Not availability Not applicable
- G.1.29 Refrigerator Yes No Not availability Not applicable

- G.1.30 Autoclave Yes No Not availability Not applicable
- G.1.31 Patient trolley Yes No Not availability Not applicable
- G.1.32 Incubator neonate Yes No Not availability Not applicable
- G.1.33 Surgical light mobile Yes No Not availability Not applicable
- G.1.34 Fiber bronchoscope Yes No Not availability Not applicable
- G.1.35 Arthroscope Yes No Not availability Not applicable
- G.1.36 CT-scanner Yes No Not availability Not applicable
- G.1.37 Portable ultrasound scanner Yes No Not availability Not applicable
- G.1.38 Surgical microscope for eye Yes No Not availability Not applicable
- G.1.39 Nebulizer Yes No Not availability Not applicable
- G.1.40 Mammograph Yes No Not availability Not applicable
- G.1.41 Washing machine Yes No Not availability Not applicable

H. Opinion of patients

- H1.1 Opinion about availability of doctor Yes No
- H1.2 Opinion about services of doctor Good Not good
- H1.3 Opinion about availability of nurses Yes No
- H1.4 Opinion services of nurses Good Not good
- H1.5 Opinion about availability of medicine Yes No
- H1.6 Opinion about overall environment -----

I. Opinion of doctor

Applicable for Family Planning

J. Modern methods distributed in last six months

J1. Total number of eligible couple in the catchment area

J1.1 Pill uses persons

J1.2 Condom uses persons

J1.3 IUD uses persons

J1.4 Injection uses persons

J1.5 Implant uses persons

K. Fertility Awareness Campaign done

L. Media campaign Done

M. Forced sterilization Not done

N. Sexual violence Not done

O. Opinion of service recipients

O1.1 Opinion about availability of doctor Yes No

O 1.2 Opinion about services of doctor Good Not good

O 1.3 Opinion about availability of nurses Yes No

O 1.4 Opinion services of nurses Good Not good

O 1.5 Opinion about availability of medicine Yes No

O 1.6 Opinion about overall environment -----

P. Opinion of service provider

Checklist: Monitoring Education Sector Projects

(This checklist is to be used to monitor ongoing Education Sector projects)

Monitoring Date: _____ Monitoring Place: _____

A. Basic Information about Project

A1. Name of the Health Sector Project:

A2. Executing Authority:

A2.1 Ministry:

A2.2 Division:

A2.3 Agency/Lead Agency:

A2.4 Agency Type: Single Multiple

If multiple, list name of the multiple agencies:

Sl. No.	Agency Name

A3. 1 Project Cost (in lakh taka):

Original: _____

Revised: _____

A3.2 Allocation of fund for current FY (amount): Tk. _____

A3.3 Status of fund release: Released Not released

A3.4 Reasons for not release the fund:

A4. Implementation Period:

Original: From To
Day Month Year Day Month Year

Revised: From To
Day Month Year Day Month Year

A5. Revision with change of cost of project Yes No

A6. Project Location:

A7. Any other Information:

B. Main Objectives and Components of the Project

B1. Objectives:

B1.1 _____

B1.2 _____

B1.3 _____

B2. Main Components of the Project (please tick boxes below as appropriate to this project):

B2.1 Prepare design & get it approved

B2.2 Establishment/Construction of educational facility

B2.3 Prepare specifications for educational materials, equipment & other supplies/goods

B2.4 Procurement of educational/teaching materials, equipment & other supplies/goods

B2.5 Printing, publication and distribution of books

B2.6 Deploy/Recruit Manpower

B2.7 Conduct/arrange training

B2.8 Conduct research/study/prepare or develop curriculum

B2.9 Others, please specify _____

C. Implementation Status of the Project

C1. Physical Facility (Please go through this section if this project has this component)

C1.1 Whether acquisition of land are completed? Yes No

C1.2 Did all the designs of the facility have been prepared? Yes No

C1.3 Designs approval date:

--	--	--	--	--	--

Day Month Year

C1.4 Date of signing of contract to do the construction work:

--	--	--	--	--	--

Day Month Year

C1.5 Date of completion of the construction work:

--	--	--	--	--	--

Day Month Year

C1.6 Physical progress of the construction work in comparison with the planned work plan:

--	--	--

 Percent

C1.7 Reasons of slow progress (if less than 80% progress made):

1 _____

2 _____

3 _____

C2. Procurement of Goods

C2.1 How many items of equipment/goods are to be procured in this project? _____ Number

C2.2 How many supply contracts are to be made to procure all items? _____ Number

C2.3 Estimated value of all items/goods: _____ Taka

C2.4 Preparation of specifications for all items/goods: Prepared Not prepared

C2.5 If not prepared the specifications, please notes the reasons:

C2.6 If prepared the specifications, please collect copy of the specifications; and the name and designation of the members of specification preparation committee(s):

Sl. No.	Name	Designation	Organization
1			
2			
3			

C2.7 Procurement methods to procure all items (please put tick mark):

- International Competitive Bidding (ICB)
- Pre-qualification for ICB
- National Competitive Bidding (NCB)
- National Open Tendering
- Open Tendering with International Competition
- Limited International Bidding (LIB)
- Restricted Tendering with Enlistment
- Request for Quotation
- Direct Contracting
- Procurement through UN Agencies

C2.8 Estimated timeframes to complete procurement of goods: From: _____ to

C2.9 Status of procurement:

C2.9.1 Preparation of bidding/tender documents: Under preparation Completed

C2.9.2 Invitation of bids/tender: Under process Invited

C2.9.3 Bids/Tender submission last date: Not Applicable
Day Month Year

C2.9.4 Evaluation of Bids/Tender: Under Evaluation Evaluated Not Applicable

C2.9.5 Contract award: Under process Awarded Not Applicable

C2.9.6 Contract execution method: Letter of Credit Local supply Not Applicable

C2.9.7 Pre-shipment inspection by: Own staff Inspection Agency Not Applicable

C2.9.8 Last date of delivery:
Day Month Year

C2.9.9 Status of payment: Partial payment made Full payment made Not Applicable

C2.9.10 If payments are made, please check quality and quantity of goods received in conformity with the specifications:

Sl. No.	Name of the goods	Ordered Quantity	Quantity Delivered	Comments on Quality
1				
2				
3				
4				
5				
6				

C3. Procurement of Services (Selection of consultant or consulting firm)

C3.1 Purpose of engaging consultant: To provide Training
 To do research/study
 To prepare specifications
 To prepare designs

C3.2 Budgeted amount for the consultancy job: _____ Taka

C3.3 Preparation of Terms of Reference (TOR): Under preparation Prepared (collect a copy)

C3.4 Procurement method to select consultant (Please put tick mark):

- Quality and Cost Based Selection (QCBS)
- Quality Based Selection (QBS)
- Selection Under Fixed Budget (FBS)
- Least-Cost Selection (LCS)
- Single Source Selection
- Individual Consultants
- Selection based on Consultant's Qualifications
- Service Delivery Contractors
- Selection among Community Service Organizations

C3.5 Estimated timeframes to complete the consultancy job: From: _____ to _____

C3.6 Publication of specific procurement notice for expression of interest:

- Published Under publication (go to section D)

C3.7 Preparation of short listed firms/consultants:

- Prepared Under preparation (go to section D)

C3.8 Preparation of Proposal Documents:

- Prepared Under preparation

C3.9 Sending of Request for Proposal (RFP) Documents to short listed firms/consultants to submit technical and financial proposals:

- Sent Under process of sending (go to section D)

C3.10 Last date of proposal submission: ___/___/___/

C3.11 Evaluation of technical proposals: Evaluated Under Evaluation (go to section D)

C3.12 Evaluation of financial proposals: Evaluated Under Evaluation (go to section D)

C3.13 Contract award: Awarded Under process (go to section D)

C3.14 Status of payment: Full payment made Partial payment made No payment

C3.15 If payment are made, please collect and note outputs of the assignment:

D. Deploy or Recruitment of Project Manpower

Sl. No.	Name of position	Sanctioned post	Filled in Post	Vacant Post	Remarks
1	Officer				
2	Staff				
3	Master roll				
Total					

E. Overall Physical Progress of the Project Activities:

Sl. No.	Project Activities	Progress in %	Remarks
1	Office set up/Administrative cost		
2	Deploy or recruitment of officers and staff		
3	Physical facility constructions		
4	Procurement of goods		
5	Procurement of services		
6	Other activities		

F. Financial Performance

Sl. No.	Heads of Expenditure	Budgeted Amount	Expenditure made	% of expenditure	Remarks
1	Office set up				
2	Deploy or recruitment of officers and staff				
3	Physical facility constructions				
4	Procurement of goods				
5	Procurement of services				
6	Other activities				
Total					

Overall comments (if any):

 Name of the Monitoring Officer

 Designation

 Date

B2. Main Components of the Project (please tick boxes below as appropriate to this project):

- B2.1 Prepare design & get it approved
- B2.2 Establishment/Construction of education facility
- B2.3 Prepare specifications for education materials, equipment & other supplies/goods
- B2.4 Procurement of education materials, equipment & other supplies/goods
- B2.5 Printing, publication and distribution of books
- B2.6 Deploy/Recruit Manpower
- B2.7 Conduct/arrange training
- B2.8 Conduct research/study/preparation or develop curriculum
- B2.9 Others, please specify _____

C. Completion Status of the Project

C1. Physical Facility (Please go through this section if this project has this component)

C1.1 Completion of the physical facility construction: Fully Completed Partially completed

C1.2 If partially completed, note the reasons:

C1.3 Status of utilities services connections (Please out tick √ mark as appropriate):

- Electricity
- Gas (if applicable) Gas (not applicable)
- Water

C1.4 Status of handing over the facility to the concerned authority:

- Handed Over Not yet handed over

C1.5 Reasons for late in handed over and plan for handing and taking over:

- 1 _____
- 2 _____
- 3 _____

C2. Procurement of Goods

C2.1 Number of equipment/goods procured for this project: _____ Number

C2.2 Number of supply contracts to procure all items? _____ Number

C2.3 Total values of all contracts: _____ Taka

C2.4 Name of the items/goods procured by contracts:

Contract # or Package #	Name of the items/goods	Quantity Ordered	Quantity Received	Contract Value
1				
2				
3				

C2.5 Procurement methods followed to procure all items/goods:

Contract or Package #	Procurement Method Followed	No. Of Items

C2.6 Status of payment: Partial payment made Full payment made

C2.7 If partial payments made, tentative time for making remaining payments: ____/____/____/

C3. Procurement of Services (Selection of consultant or consulting firm)

- C3.1 Purpose of engaging consultant: To provide Training
 To do research/study/prepare curriculum
 To prepare specifications
 To prepare designs

C3.2 Contract amount for the consultancy job: _____ Taka

C3.3 Procurement method followed to select consultant: _____

C3.4 Consultancy starting date: ____/____/____/

C3.5 Consultancy end date: ____/____/____/

C3.6 Availability of consultancy completion report(s): Available (collect a copy) Not available

C3.7 If report is not available, please note the reasons:

C3.8 Achievements/outcomes of this assignment in percentage: _____%

C3.9 Status of payment: Full payment made Partial payment made No payment

C3.10 If partial payment are made, tentative time for making remaining payments:
____/____/____/

D. Status of Project Manpower

Sl. No.	Name of position	Sanctioned post	Filled in Post	Vacant Post	Remarks
1	Officer				
2	Staff				
3	Master roll				
Total					

E. Overall Physical Progress of the Project Activities:

Sl. No.	Project Activities	Progress in %	Remarks
1	Office set up/Administrative cost		
2	Deploy or recruitment of officers and staff		
3	Physical facility constructions		
4	Procurement of goods		
5	Procurement of services		
6	Other activities		

F. Financial Performance

Sl. No.	Heads of Expenditure	Budgeted Amount	Expenditure made	% of expenditure	Remarks
1	Office set up				
2	Deploy or recruitment of officers and staff				
3	Physical facility constructions				
4	Procurement of goods				
5	Procurement of services				
6	Other activities				
Total					

Overall comments (if any):

Name of the Monitoring Officer

Designation

Date

Checklist: Impact of Education Sector Projects

(This checklist is to be used after two years of completion of Health Sector projects to the Assess Impact)

Visit Date: _____ Visit Place: _____

A. Basic Information about Project

A1. Name of the Education Sector Project:

A2. Executing Authority:

A2.1 Ministry:

A2.2 Division:

A2.3 Agency/Lead Agency:

A2.4 Agency Type: Single Multiple

If multiple, list name of the multiple agencies:

Sl. No.	Agency Name

A3. Project Cost (in lakh taka):

Original: _____

Revised: _____

A4. Implementation Period:

Original: From To
Day Month Year Day Month Year

Revised: From To
Day Month Year Day Month Year

A5. Revision with change of cost of project Yes No

A6. Project Location:

A7. Any other Information:

B. Main Objectives and Components of the Project

B1. Objectives:

B1.1 _____

B1.2 _____

B1.3 _____

B2. Main Components of the Project (please tick boxes below as appropriate to this project):

- B2.1 Establishment/Construction of education facility
- B2.2 Procurement of education materials, equipment & other supplies/goods
- B2.3 Deploy/Recruit Manpower
- B2.4 Conduct/arrange training
- B2.5 Printing, publication & distribution of books
- B2.6 Conduct research/study/develop curriculum
- B2.7 Others, please specify _____

C. Impact of the Project

C1. Physical Facility (Please go through this section if this project has this component)

- C1.1 Cost for constructing the physical facility: _____ Taka
- C1.2 Completion of the physical facility construction: Fully Completed Partially completed
- C1.3 Use status of the facility for the purposes it was built: In use Not in use
- C1.4 If not in use, please note the reasons:

C2. Procurement of Goods

- C2.1 Status of the use of education materials procured for this project: In use Not in use
- C2.2 If in use, please note number of beneficiaries/service recipient by major equipment in last month:

Sl. No.	Name of the educational materials & equipment	No. of Beneficiaries
1		
2		
3		
4		
5		

- C2.3 If not in use, please notes the reasons:

C3. Procurement of Services (Selection of consultant or consulting firm)

- C3.1 Purpose of engaging consultant: To provide Training
 To do research/study/develop curriculum
 To prepare specifications
 To prepare designs

C3.2 Contract amount for the consultancy job: _____ Taka

C3.3 Procurement method followed to select consultant: _____

C3.4 Consultancy starting date: ____/____/____/

C3.5 Consultancy end date: ____/____/____/

C3.6 Availability of consultancy completion report(s): Available (collect a copy) Not available

C3.7 If report is not available, please note the reasons:

C3.8 Implementation status of the recommendations of the assignment:

Sl. No.	Recommendations	Implementation Status

Overall comments (if any):

Name of the Monitoring Officer

Designation

Date

A5. Revision with change of cost of project Yes No

A6. Project Location:

A7. Any other Information:

B. Main Objectives and Components of the Project

B1. Objectives:

B1.1 _____

B1.2 _____

B1.3 _____

B2. Main Components of the Project (please tick boxes below as appropriate to this project):

B2.1 Prepare design & get it approved

B2.2 Establishment/Construction of physical facility to deliver services

B2.3 Prepare specifications for equipment & other supplies/goods

B2.4 Procurement of equipment & other supplies/goods

B2.5 Printing, publication and distribution of books & IEC materials

B2.6 Deploy/Recruit Manpower

B2.7 Conduct/arrange training

B2.8 Conduct research/study

B2.9 Others, please specify _____

C. Implementation Status of the Project

C1. Physical Facility (Please go through this section if this project has this component)

C1.1 Whether acquisition of land is completed? Yes No

C1.2 Did all the designs of the facility have been prepared? Yes No

C1.3 Designs approval date:

--	--	--	--	--	--

Day Month Year

C1.4 Date of signing of contract to do the construction work:

--	--	--	--	--	--

Day Month Year

C1.5 Date of completion of the construction work:

--	--	--	--	--	--

Day Month Year

C1.6 Physical progress of the construction work in comparison with the planned work plan:

--	--	--

 Percent

C1.7 Reasons of slow progress (if less than 80% progress made):

- 1 _____
- 2 _____
- 3 _____

C2. Procurement of Goods

C2.1 How many items of equipment/goods are to be procured in this project? _____ Number

C2.2 How many supply contracts are to be made to procure all items? _____ Number

C2.3 Estimated value of all items/goods: _____ Taka

C2.4 Preparation of specifications for all items/goods: Prepared Not prepared

C2.5 If not prepared the specifications, please notes the reasons:

C2.6 If prepared the specifications, please collect copy of the specifications; and the name and designation of the members of specification preparation committee(s):

Sl. No.	Name	Designation	Organization
1			
2			
3			

C2.7 Procurement methods to procure all items (please put tick mark):

- International Competitive Bidding (ICB)
- Pre-qualification for ICB
- National Competitive Bidding (NCB)
- National Open Tendering
- Open Tendering with International Competition
- Limited International Bidding (LIB)
- Restricted Tendering with Enlistment
- Request for Quotation
- Direct Contracting
- Procurement through UN Agencies

C2.8 Estimated timeframes to complete procurement of goods: From: _____ to _____

C2.9 Status of procurement:

C2.9.1 Preparation of bidding/tender documents: Under preparation Completed

C2.9.2 Invitation of bids/tender: Under process Invited

C2.9.3 Bids/Tender submission last date: Not Applicable
Day Month Year

C2.9.4 Evaluation of Bids/Tender: Under Evaluation Evaluated Not Applicable

C2.9.5 Contract award: Under process Awarded Not Applicable

C2.9.6 Contract execution method: Letter of Credit Local supply Not Applicable

C2.9.7 Pre-shipment inspection by: Own staff Inspection Agency Not Applicable

C2.9.8 Last date of delivery:
Day Month Year

C2.9.9 Status of payment: Partial payment made Full payment made Not Applicable

C2.9.10 If payments are made, please check quality and quantity of goods received in conformity with the specifications:

Sl. No.	Name of the goods	Ordered Quantity	Quantity Delivered	Comments on Quality
1				
2				
3				
4				
5				
6				

C3. Procurement of Services (Selection of consultant or consulting firm)

C3.1 Purpose of engaging consultant: To provide Training
 To do research/study
 To prepare specifications
 To prepare designs

C3.2 Budgeted amount for the consultancy job: _____ Taka

C3.3 Preparation of Terms of Reference (TOR): Under preparation Prepared (collect a copy)

C3.4 Procurement method to select consultant (Please put tick mark):

Quality and Cost Based Selection (QCBS)
 Quality Based Selection (QBS)

- Selection Under Fixed Budget (FBS)
- Least-Cost Selection (LCS)
- Single Source Selection
- Individual Consultants
- Selection based on Consultant's Qualifications
- Service Delivery Contractors
- Selection among Community Service Organizations

C3.5 Estimated timeframes to complete the consultancy job: From: _____ to _____

C3.6 Publication of specific procurement notice for expression of interest:

- Published Under publication (go to section D)

C3.7 Preparation of short listed firms/consultants: Prepared Under preparation (go to section D)

C3.8 Preparation of Proposal Documents:

- Prepared Under preparation

C3.9 Sending of Request for Proposal (RFP) Documents to short listed firms/consultants to submit technical and financial proposals:

- Sent Under process of sending (go to section D)

C3.10 Last date of proposal submission: ____/____/____/

C3.11 Evaluation of technical proposals: Evaluated Under Evaluation (go to section D)

C3.12 Evaluation of financial proposals: Evaluated Under Evaluation (go to section D)

C3.13 Contract award: Awarded Under process (go to section D)

C3.14 Status of payment: Full payment made Partial payment made No payment

C3.15 If payment are made, please collect and note outputs of the assignment:

D. Deploy or Recruitment of Project Manpower

Sl. No.	Name of position	Sanctioned post	Filled in Post	Vacant Post	Remarks
1	Officer				
2	Staff				
3	Master roll				
Total					

E. Overall Physical Progress of the Project Activities:

Sl. No.	Project Activities	Progress in %	Remarks
1	Office set up/Administrative cost		
2	Deploy or recruitment of officers and staff		
3	Physical facility constructions		
4	Procurement of goods		
5	Procurement of services		
6	Other activities		

F. Financial Performance

Sl. No.	Heads of Expenditure	Budgeted Amount	Expenditure made	% of expenditure	Remarks
1	Office set up				
2	Deploy or recruitment of officers and staff				
3	Physical facility constructions				
4	Procurement of goods				
5	Procurement of services				
6	Other activities				
Total					

Overall comments (if any):

 Name of the Monitoring Officer

 Designation

 Date

Checklist: Assessment of Social Sector Projects

(This checklist is to be used to Assess Outcome of Social Sector projects)

Visit Date: _____ Visit Place: _____

A. Basic Information about Project

A1. Name of the Social Sector Project:

A2. Executing Authority:

A2.1 Ministry:

A2.2 Division:

A2.3 Agency/Lead Agency:

A2.4 Agency Type: Single Multiple

If multiple, list name of the multiple agencies:

Sl. No.	Agency Name

A3.1 Project Cost (in lakh taka):

Original: _____

Revised: _____

A3.2 Incase of participatory funding

GOB: _____

Own fund: _____

A3.3 Ways of contrttribution of participants:

Land Cash Other

A3.4 Value of land assessed by: Govt. Participants

A4. Implementation Period:

Original: From To
Day Month Year Day Month Year

Revised: From To
Day Month Year Day Month Year

A5. Revision with change of cost of project Yes No

A6. Project Location:

A7. Any other Information:

B. Main Objectives and Components of the Project

B1. Objectives:

B1.1 _____

B1.2 _____

B1.3 _____

B2. Main Components of the Project (please tick boxes below as appropriate to this project):

- B2.1 Prepare design & get it approved
- B2.2 Establishment/Construction of facility to deliver services
- B2.3 Prepare specifications for equipment & other supplies/goods
- B2.4 Procurement of equipment & other supplies/goods
- B2.5 Printing, publication and distribution of books & IEC materials
- B2.6 Deploy/Recruit Manpower
- B2.7 Conduct/arrange training
- B2.8 Conduct research/study/preparation or develop curriculum
- B2.9 Others, please specify _____

C. Completion Status of the Project

C1. Physical Facility (Please go through this section if this project has this component)

C1.1 Completion of the physical facility construction: Fully Completed Partially completed

C1.2 If partially completed, note the reasons:

C1.3 Status of utilities services connections (Please out tick √ mark as appropriate):

- Electricity
- Gas (if applicable) Gas (not applicable)
- Water

C1.4 Status of handing over the facility to the concerned authority:

- Handed Over Not yet handed over

C1.5 Reasons for late in handed over and plan for handing and taking over:

- 1 _____
- 2 _____
- 3 _____

C2. Procurement of Goods

C2.1 Number of equipment/goods procured for this project: _____ Number

C2.2 Number of supply contracts to procure all items? _____ Number

C2.3 Total values of all contracts: _____ Taka

C2.4 Name of the items/goods procured by contracts:

Contract # or Package #	Name of the items/goods	Quantity Ordered	Quantity Received	Contract Value
1				
2				
3				

C2.5 Procurement methods followed to procure all items/goods:

Contract or Package #	Procurement Method Followed	No. of Items

C2.6 Status of payment: Partial payment made Full payment made

C2.7 If partial payments made, tentative time for making remaining payments: ____/____/____/

C3. Procurement of Services (Selection of consultant or consulting firm)

- C3.1 Purpose of engaging consultant: To provide Training
 To do research/study/develop IEC materials
 To prepare specifications
 To prepare designs

C3.2 Contract amount for the consultancy job: _____ Taka

C3.3 Procurement method followed to select consultant: _____

C3.4 Consultancy starting date: ____/____/____/

C3.5 Consultancy end date: ____/____/____/

C3.6 Availability of consultancy completion report(s): Available (collect a copy) Not available

C3.7 If report is not available, please note the reasons:

C3.8 Achievements/outcomes of this assignment in percentage: _____%

C3.9 Status of payment: Full payment made Partial payment made No payment

C3.10 If partial payment are made, tentative time for making remaining payments: ____/____/____/

D. Status of Project Manpower

Sl. No.	Name of position	Sanctioned post	Filled in Post	Vacant Post	Remarks
1	Officer				
2	Staff				
3	Master roll				
Total					

E. Overall Physical Progress of the Project Activities:

Sl. No.	Project Activities	Progress in %	Remarks
1	Office set up/Administrative cost		
2	Deploy or recruitment of officers and staff		
3	Physical facility constructions		
4	Procurement of goods		
5	Procurement of services		
6	Other activities		

F. Financial Performance

Sl. No.	Heads of Expenditure	Budgeted Amount	Expenditure made	% of expenditure	Remarks
1	Office set up				
2	Deploy or recruitment of officers and staff				
3	Physical facility constructions				
4	Procurement of goods				
5	Procurement of services				
6	Other activities				
Total					

Overall comments (if any):

Name of the Monitoring Officer

Designation

Date

Checklist: Impact of Social Sector Projects

(This checklist is to be used after two years of completion of Social Sector projects to the Assess Impact)

Visit Date: _____ Visit Place: _____

A. Basic Information about Project

A1. Name of the Social Sector Project:

A2. Executing Authority:

A2.1 Ministry:

A2.2 Division:

A2.3 Agency/Lead Agency:

A2.4 Agency Type: Single Multiple

If multiple, list name of the multiple agencies:

Sl. No.	Agency Name

A3.1 Project Cost (in lakh taka):

Original: _____

Revised: _____

A3.2 Incase of participatory funding

GOB: _____

Own fund: _____

A3.3 Ways of contrttribution of participants:

Land Cash Other

A3.4 Value of land assessed by: Govt. Participants

A4. Implementation Period:

Original: From To
Day Month Year Day Month Year

Revised: From To
Day Month Year Day Month Year

A5. Revision with change of cost of project Yes No

A6. Project Location:

A7. Any other Information:

B. Main Objectives and Components of the Project

B1. Objectives:

B1.1 _____

B1.2 _____

B1.3 _____

B2. Main Components of the Project (please tick boxes below as appropriate to this project):

B2.1 Establishment/Construction of education facility

B2.2 Procurement of equipment & other supplies/goods

B2. 3 Deploy/Recruit Manpower

B2.4 Conduct/arrange training

B2.5 Printing, publication & distribution of books & IEC materials

B2. 6 Conduct research/study

B2.7 Others, please specify _____

C. Impact of the Project

C1. Physical Facility (Please go through this section if this project has this component)

C1.1 Cost for constructing the physical facility: _____ Taka

C1.2 Completion of the physical facility construction: Fully Completed Partially completed

C1.3 Use status of the facility for the purposes it was built: In use Not in use

C1.4 If not in use, please note the reasons:

C2. Procurement of Goods

C2.1 Status of the use of materials procured for this project: In use Not in use

C2.2 If in use, please note number of beneficiaries/service recipient by delivering Supplies and devices in last month:

SI. No.	Name of the supplies and devices	No. of Beneficiaries
1		
2		
3		
4		
5		

C2.3 If not in use, please notes the reasons:

C3. Procurement of Services (Selection of consultant or consulting firm)

- C3.1 Purpose of engaging consultant: To provide Training
 To do research/study/develop curriculum
 To prepare specifications
 To prepare designs

C3.2 Contract amount for the consultancy job: _____ Taka

C3.3 Procurement method followed to select consultant: _____

C3.4 Consultancy starting date: ____/____/____/

C3.5 Consultancy end date: ____/____/____/

C3.6 Availability of consultancy completion report(s): Available (collect a copy) Not available

C3.7 If report is not available, please note the reasons:

C3.7 Implementation status of the recommendations of the assignment:

Sl. No.	Recommendations	Implementation Status

C4. Information from people in the vicinity of the project area

- C.4.1 Whether poverty level in the area reduced? Yes No
- C.4.2 Status of starvation in the project area As before reduced hunger
- C.4.3 Status of health As before improved
- C.4.4 Quality of education As before improved
- C.4.5 Status of gender participation As before improved
- C.4.6 Access to safe water As before improved
- C.4.7. Access to sanitary latrine As before improved
- C.4.8 Status of employment in the area As before improved
- C.4.9 Income of the people As before increased
- C.4.10 Status of employment of women in the area As before improved
- C.4.11 Income of women As before increased
- C.4.12 Status of inequality in the project area As before reduced inequality
- C.4.13 Status of aquatic life (life below water) As before improved reduced
- C.4.14 Status of life on land As before improved reduced
- C.4.15 Whether the development is sustainable?

1.-----

2.-----

3.-----

Overall comments (if any):

Name of the Monitoring Officer

Designation

Date

**Preparation of M & E Guideline on
Education, Health & Nutrition, Family Welfare and Social Welfare
Measuring Index of ADP Implementation by Major Activities**

Activities		% of work
A.	Preparatory Works	25
1.	Assignment or recruit project personnel	5
2.	Acquisition of land and its development	10
3.	Office set up	5
4.	Launching of project work	5
B.	Procurement of Goods	30
5.	Preparation of procurement packages	2
6.	Preparation of specifications	2
7.	Finalization of procurement methods	2
8.	Preparation of bidding/tenders documents and obtain approval	2
9.	Publication of bidding/tenders notice	2
10.	Receive and evaluation of bidding/tender	6
11.	Approval of tender evaluation report and award of contract	6
12.	Signing of contract	3
13.	<ul style="list-style-type: none"> • Execution of contract through opening of LC for importation of goods from outside the country; or • Execution of contract to delivery of goods from local sources 	5
C.	Procurement of Services	30
14.	Preparation of Terms of Reference (TOR)	3
15.	Finalization of procurement methods	2
16.	Preparation of Request for Proposal (RFP)	3
17.	Publication of EOI	2
18.	Receive and evaluation of proposals	10
19.	Approval of evaluation report and award of contract	5
20.	Receive of reports <ul style="list-style-type: none"> - Inception Report - Draft Report - Final Report 	5
D.	Other Activities	15