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TRIP REPORT: BANGLADESH

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. EXECUTIVE SUMMARY

The Local Initiative Program (LIP), formerly the Upazila Initiatives Project (UIP), has been operating since May 1987. Its goal is to improve the performance of the Bangladesh Family Planning Program at the grassroots level by strengthening the management capabilities of the family planning staff and local leaders.

Highlights of the visit:

- Met with ICDDR,B's MCH-Extension Director and trainers to discuss future collaboration in the implementation of the Doorstep Injectable Service Program in 16 LIP thanas.

- Met with Mr. Alan Foose, Program Director, USAID/Dhaka, to discuss the results of the micro-survey.

- Visited one of the LIP thanas to meet with the volunteers and to discuss the Doorstep Injectable Service Program with the Family Welfare Visitors.

- Attended the opening ceremony of the South Asia Population Communication Conference sponsored by the John Hopkins University/Center for Communication Programs and A.I.D., on the theme of "Jiggasha: A community network approach to family planning."

Recommendations:

<u>Doorstep Injectable Service Program</u>

ICCDR,B observed in their three intervention areas (Matlab, Shirajang, and Abhoinagar) that it is possible to provide doorstep injectable services by providing proper training to FWAs. In order to ensure quality and continuity in the provision of injectables as a contraceptive method of choice, the FWAs need training, but it is equally important to establish a system which ensures availability.

In order to increase the number of injectable users, the supplies for this contraceptive (needles, syringes, product, etc.) need to be available. The recording of all information related to injectable use needs to be accurate and the ordering of supplies needs to be timely. Unless regular supplies of all commodities can be guaranteed the program should be implemented in phases.

The collaboration between LIP program staff and ICDDR,B's MCH-Extension program staff has already been a worthwhile experience for both organizations. The pilot area for the implementation of the doorstep injectable program will include eight to twelve thanas. The management implications of this program can be reviewed; feedback will be given to the government so that management procedures can be developed (for example, on procurement of supplies).

Micro-Survey Results

An in-depth analysis of the micro-survey questionnaire should be conducted in order to provide feedback for the LIP program managers. Based on the preliminary results of the micro-survey, program implementation can be adjusted to accommodate deviation from the expected outcome.

II. BACKGROUND

The Local Initiative Program (LIP), formerly the Upazila Initiatives Project (UIP), has been operating since May 1987. Its goal is to improve the performance of the Bangladesh Family Planning Program at the grassroots level by strengthening the management capabilities of the family planning staff and local leaders. The project was implemented under a series of buy-ins from USAID/Dhaka to the Family Planning Management Development (FPMD) project, which in turn subcontracted with Technical Assistance, Inc. (TAI), a local private firm, to establish an FPMD/Dhaka program office to implement LIP with technical support from FPMD/Boston.

III. PURPOSE OF VISIT

The purpose of the visit was:

- To provide technical support in the development of a training plan for those involved in the implementation of the **Doorstep Injectable Service Program** in 16 LIP thanas, as requested by the Director General of Family Planning.

- To give a presentation to Mr. Alan Foose, Program Director, USAID/Dhaka, of the **preliminary** results of the micro-survey prepared by the FPMD Evaluation Unit.

IV. ACTIVITIES

A. Training Plan for Doorstep Injectable Service Program

In Bangladesh the use of injectables is still limited, mainly because the services are provided by the Family Welfare Visitors (FWV) in the Family Welfare Centers (FWC), and the centers are not always within easy reach of the clients. The discontinuation rate is therefore rather high. The International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) has gained experience in the implications of increasing the use of injectables through their work in Matlab, ICDDR,B's pilot area where the Family Welfare Assistant has been trained to provide injectable services at the doorstep. Based on their experience, ICDDR,B has developed training materials and a training program for all the Family Planning workers from the thana level to the outreach level.

The Bangladesh Government, through the Directorate of Family Planning, would like to increase the use of injectables in Bangladesh and has given permission for FWAs to be trained to administer them. In some of the LIP thanas FWAs were already administering injectables, but without proper training and a system to ensure quality and availability. The Director General of Family Planning has requested that the LIP

program director develop a plan for the implementation of the **Doorstep Injectable Service Program** in 16 LIP thanas.

Mr. Moustaque, FPMD/Dhaka Program Officer, had already started to gather information before my arrival. Using the available information, we discussed the training program: the materials for the training of trainers, the training of Family Welfare Visitors (FWV), Family Planning Inspectors (FPI) and Family Welfare Assistants (FWA), and the guidelines to follow. All these training materials were developed by the ICDDR,B MCH-Extension Program and are presently being tested in eight pilot thanas.

A list of 16 LIP thanas including the number of thana-level staff was prepared for the training of trainers course. Information on the availability of Regional Training Centers for the training of trainers course was obtained from NIPORT. While preparing the training plan, the number of unanswered questions increased. It became evident that we would need to organize a meeting with the initiators of the Doorstep Injectable Service Program, in order to learn from them what their experience had been in implementing the training.

On Saturday, February 13, 1993, a meeting was held with the MCH-Extension Program Director and two trainers. As a result of this meeting, a realistic training plan was drafted. The plan involves close collaboration between the program staff of the MCH-Extension Program and FPMD/Dhaka. The draft plan for the training and follow-on activities has been sent to the director of the MCH-Extension Program for comments, and will then be forwarded to the Director General of Family Planning for approval. (See Annex I for copy of draft plan.)

B. Presentation of Preliminary Results of Micro-Survey

The meeting with Mr. Alan Foose, Program Director, USAID/Dhaka, was held under some time constraint. The results of the micro-survey were discussed, but the objectives and the methodology were not discussed in much detail. (See Annex II for the paper presented.)

The outcome of the meeting was as follows:

- In general, Mr. Foose was satisfied with the results presented to him; however he is very eager to receive a complete report with the all results of the micro-survey. It was explained to him that as soon as Mr. Jaime Benavente, Evaluation Director, FPMD, returns from his TDY in Kenya, he and Ms. Barbara Seligman, Senior Evaluation Program Officer, FPMD, will prepare a final draft report.

- Table 1: As condoms, IUDs and Norplant are provided by A.I.D., Mr. Foose would like to see these items included separately in this table. He also suggested that the explanation of CAR and CPR should be very clear. Another question he

had was whether Rural CPS represents the national, divisional or district figure. Mr. Foose also asked how the *N* of the micro-survey compared with the *N* of the FWA and FPI registers; he would like to see the numbers and the percentages.

- Table 2: Mr. Foose had the same question as for Table 1 about the rural CPS. Also, in the rural CPS section there is no figure for the community-based site; this could be explained with an asterisk. Mr. Foose had some reservations about the dispensary/clinic/hospital part, not because of the results per se but rather because of the phrasing and consequently the comparability of the questions.

- Table 3: The general observation was that it seems evident that the users' knowledge needs to be increased through the service providers.

- Table 4: Mr. Foose's main comment on this table was whether the wording of the questions had influenced the outcome. Even though the result of the first question looks favorable for the project site, the fact that nearly 37% of the interviewees in a fully-served project area had never been visited by a field-worker or volunteer was higher than he would have expected.

In this context Mr. Foose informed Mr. Abu Sayeed, Program Director, FPMD/Dhaka, that an A.I.D.-organized meeting would soon be held, to review and discuss the questionnaire used in the 1991 CPS in preparation for the next CPS. Mr. Foose asked Mr. Sayeed to attend the review session.

C. Other Activities

Conference

On February 8, 1993, the John Hopkins University/Center for Communication Programs and A.I.D. sponsored the South Asia Population Communication Conference. The theme of the conference was: "Jiggasha: A community network approach to family planning."

Workshop participants were from the Region. Mr. Ahmedul Ghani, Senior Program Officer, FPMD/Dhaka presented a paper on IEC in the LIP. The Senior Program Officer of the Asia/Near East Region attended the opening session.

Fieldtrip

On February 14, 1993, I accompanied Mr. Sayeed and Mr. Moustaque on a fieldtrip to one of the LIP project sites. We visited various places along the way so as to make the best use of time and availability of transportation. (See Annex III for a report of the visit.) During the visit we had an opportunity to discuss with the FWV her experience with logistics related to injectables. She told us that she has a large number of injectable

users and that her supply of injectables is sufficient; however, the supply of needles and syringes is not. Most of the time she has to sterilize and re-use disposable syringes. The feedback we received from the FWV reflects the information we had already received from ICDDR,B.

V. CONCLUSIONS/RECOMMENDATIONS

A. Doorstep Injectable Service Program

Based on the results of ICDDR,B's experience in Matlab, the Bangladesh government has been exploring possibilities for making injectable contraceptives more accessible to the user. The MCH-Extension Unit has been able to collect valuable information during the trial period in Matlab. This experience has made it possible to define the effect this method has on program management as a result of the increase in the number of clients selecting an injectable as their method of choice. In order to ensure quality and continuity in the provision of injectables as a contraceptive method of choice, the FWAs need training, but it is equally important to establish a system which ensures availability.

In order to increase the number of injectable users, the supplies for this contraceptive (needles, syringes, product, etc.) need to be available. The recording of all information related to injectable use needs to be accurate and the ordering of supplies needs to be timely. Unless regular supplies of all commodities can be guaranteed the program should be implemented in phases.

The collaboration between LIP program staff and ICDDR,B's MCH-Extension program staff has already been a worthwhile experience for both organizations. The pilot area for the implementation of the doorstep injectable program will include eight to twelve thanas. The management implications of this program can be reviewed; feedback will be given to the government so that management procedures can be developed (for example, on procurement of supplies).

B. Micro-Survey Results

An in-depth analysis of the micro-survey questionnaire should be conducted in order to provide feedback for the LIP program managers. Based on the preliminary results of the micro-survey, program implementation can be adjusted to accommodate deviation from the expected outcome.

ANNEX I:
Draft Plan for FWA Training in Administration of Injectables

I. Introduction

The Bangladesh Government, through the Directorate of Family Planning, would like to increase the use of injectables as a contraceptive method based on ICDDR,B's experience in Matlab, Serajganj and Auvoynagar thanas. ICDDR,B had been asked to develop a training course for thana-level Family Planning staff, and a course and manual for the Union- and Unit-level Family Planning staff. The materials have been developed and are currently being implemented in eight thanas. Based on a request from FPMD, the Director General of Family Planning has asked the LIP Program Director to look into the possibility of implementing a program, based on ICDDR,B's experience, in 16 thanas and to prepare a training plan for the BDG-FP staff in those thanas.

II. Objectives for the LIP

The main objective for the LIP is to provide technical assistance to the thana-level team in the management of training and implementation activities related to the introduction of doorstep delivery of follow-up administration of injectables. The FPMD/Dhaka team would provide technical assistance in the following areas:

- The organization of the Training of Trainers course for the thana-level family planning team;
- The planning and organization of training activities for the FWVs, FPIs, and FWAs;
- The monitoring of the program implementation to ensure sustainability and quality of the service provided by the FWA.

III. Collaboration with ICDDR,B

FPMD/Dhaka organized a meeting with the ICDDR,B MCH-Extension team, which is responsible for the program, to discuss the possibilities of extending the pilot area to include another 16 LIP thanas. During the discussion it became evident that this plan would have to be implemented in several phases, and that at present only four more sites could be added. The most important elements of the program implementation are:

- Close monitoring to ensure quality of service;
- A continuous supply of injectables and syringes;

- Correct disposal of used syringes;
- Correct and regular supervision of the FWA and the FPI by their respective supervisors.

The organization of the training program will present some logistical problems, but they are manageable.

IV. Results of the Meeting

It was decided that:

- Four LIP thanas will be added to the eight in the ICDDR,B pilot area.
- The ICDDR,B master trainers will train the thana Family Planning staff from the four LIP sites. Course organization and funding will be FPMD's responsibility.
- The training of the FWVs, FPIs and FWAs will be organized by the thana training team with the assistance of FPMD program officers. The program officers will monitor and facilitate the training. Funding will be FPMD's responsibility.
- The ICDDR,B field officer and the FPMD program officer will collaborate to monitor the implementation of the new activity, using the monitoring guidelines prepared by ICDDR,B as a reference.
- Results obtained in the LIP areas will be shared with the MCH-Extension team.

Another topic which was discussed in relation to injectables is the existence of satellite clinics. There are satellite clinics in all LIP areas. Part of the responsibility of the FWV, they are the focus for Family Planning activities, and therefore would probably be the best facility to administer injectables. The role of the FWA would then be mainly to ensure that discontinuing users are visited and given the injectable at home if they wish to continue to use that method. The doorstep injectable administration would be provided on an incidental basis, while the satellite clinic would remain the focal point. In the satellite clinic, quality of service would be ensured, through the presence of the FWV, even if disposable syringes were not available.

The MCH-Extension team asked FPMD if this idea could be tested in one or two LIP sites, because satellite clinics are not located in their area.

V. Implementation Plan

Thana Selection:

As per the decision made in the meeting held on February 13, 1993, in the first phase the following four LIP thanas will be included in the Doorstep Injectable Service Program. Training of trainers and technical support will be provided by ICDDR,B for this program.

Thana	District	Participants						
		AD/CC	AD-FP	TFPO	MO/MCH	ATFPO	Sr.FWV	TOTAL
Monirampur	Jessore	1	1	1	1	1	1	6
Fultala	Khulna	1	1	1	1	1	1	6
Chowddogram	Comilla	1	1	1	1	1	1	6
Companiganj	Sylhet	1	1	1	1	1	1	6
Total:		4	4	4	4	4	4	24

Training Program Participants:

Before implementing the Doorstep Injectable Service Program in the LIP thanas, the concerned AD/CC, AD-FP, TFPO, MO/MCH, ATFPO and Sr.FWV will be given a five-day training of trainers (TOT) course.

Participants in the TOT course will be divided into two groups, as all thana-level officers will not be able leave thana headquarters at the same time. The training program and the time will be finalized in consultation with ICDDR,B.

TOT Venue:

Venue for the TOT course will be selected by ICDDR,B in consultation with FPMD.

TOT Schedule:

Specific dates for the TOT course will be determined in consultation with ICDDR,B. However, a tentative TOT schedule is as follows:

Thana	May '93				June '93				July '93				Aug '93			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Moni-rampur		x														
Fultala		x														
Chowddo-gram										x						
Compan-iganj										x						

Training for Union-Level Staff:

The trainers will prepare a training schedule for the union-level staff and will conduct the first course not later than two weeks after the completion of the TOT course.

Training Materials and Guide Books:

ICDDR,B will provide training materials and also the field guide.

Monitoring:

Monitoring of the implementation of the Doorstep Injectable Service Program in the LIP thanas will be the responsibility of FPMD. ICDDR,B field staff will join them when possible. A monitoring checklist will be provided by ICDDR,B. FPMD will provide ICDDR,B with the information obtained during the monitoring visit.

Financial Support:

Training costs for participants from the LIP thanas will be covered by FPMD. Per diem and transportation allowances will be covered according to ICDDR,B's guidelines.

ANNEX II:
Presentation of Micro-Survey Preliminary Results

MICRO SURVEY

OBJECTIVES:

The principal objective of the microsurvey was to obtain a measure of current modern contraceptive use by method among married women under age 50 in Kalikapur Union. The findings of the survey would then be compared with the reported contraceptive acceptance rate (CAR) for the union.

A secondary objective of the microsurvey was to examine correct use of oral contraceptives among current oral contraceptive users.

The third objective of the microsurvey was to measure awareness and use of community family planning services among married women of reproductive age in Kalikapur Union.

Table 1.
Modern Contraceptive Prevalence Rate: Comparison of FWA Register, FPI Report, Population Based Estimates and 1991 Rural CPS, by Method: 1991-1992

CONTRACEPTIVE METHOD	CPR: Microsurvey (1) Nov 1992 N=569)	CAR: FWA Register Analysis (2) July '92	CAR: FPI Report (3) Nov. '92	CPR: Rural CPS 1991
PILL	19.3	30.2	33.7	13.1
INJECTABLE	5.3	12.2	16.5	4.4
STERILIZATION	6.1	8.5	7.4	10.5
OTHER MODERN	3.9	4.2	6.6	3.7
TOTAL MODERN	34.6	55.1	64.1	30.0
NON MODERN METHOD USERS	65.4	44.9	35.9	70.0

(1) Includes currently married women whose husbands have not been at home at any time during the last six months

(2) The FWA Register analysis is based on records from two of the three units in Kalikapur Union. The CAR is calculated for all registered ELCOs, including those whose husbands may be away, and the pregnant and sub-fecund women. The numerator for CAR differs from that used to compute CPR in that it includes acceptors and probably referrals, as well as active users.

(3) Based on FWA Reports taken from volunteer registers

Table 2.
Source of Last Non-Clinical Method Supply for Current Users in Kalikapur Union Compared with Usual Supply Source for Rural Bangladesh according to 1991 CPS.

Source of last pill supply/source of non-clinical contraceptive methods	Microsurvey Percentage	1991 Rural Bangladesh CPS Percentage
Community Based Total	71.4	69.3
Community-based site: Depot Holder/Satellite Clinic	12.8	
Development Fieldworker(FWA or volunteer)	58.6	69.3
Dispensary/clinic/Hospital	15.5	4.7
Pharmacy/Shop/Husband/Got/Other	12.9	26.0

Source of Last Supply for Non-Clinical Methods

The vast majority of current non-clinical method users obtained their last supply from a community-based source, primarily from either a government fieldworker or a LIP volunteer. Community-based fixed sources of supply, for example depots based in volunteers' homes or satellite clinics, accounted for a smaller though important share of community-based supply.

Table 2 illustrates that community-based sources of supply for non-clinical methods accounted for about 70 percent of the last supply for pill, condom, or foam users in Kalikapur. This is identical to rural Bangladesh according to the 1991 CPS. Pharmacies or shops seem to be relatively more important as sources of supply for non-clinical methods in rural Bangladesh. The rural dispensary in Kalikapur and the Thana health complex are important sources of last supply for non-clinical methods. By contrast, static union and Thana level facilities only account for a very small share of usual supplies in rural Bangladesh.
Note, however, the last and usual source of supply are not exactly comparable.

Table 3.
Proper pill use: When to Start the Next Package After Finishing a Cycle of Pills.
Current Users of 28 day Cycles Compared with Rural Pill Users, 1990 Pill Use Study

RESPONSES	MICROSURVEY (N=110)	PILL USE STUDY(N=115)
Next Day	39.1	37.4
RESPONSES RELATED TO MENSTRUAL PERIOD		
One or more days after bleeding ends	39.1	36.5
When bleeding begins	2.7	3.5
RESPONSES RELATED TO NUMBER OF DAYS AFTER FINISHING PACKET		
Two to six days	8.2	2.6
Seven days	4.5	12.2

Table 4.
Awareness and Use of Community Based Family Planning and MCH Services: Comparison of Fully and Partly Served Project Areas, Kalikapur Union.

FP/MCH Services	Percentages		
	Fully served Project area (N=500)	Partly Served Project Area (N=69)	Total (N=569)
Ever visited/contacted fieldworker or volunteer	62.8	47.8	61.0
Knows name of fieldworker or volunteer who visits	83.2	100	85.0
Source named:			
FWA	40.6	6.1	36.9
Volunteer	42.6	93.9	47.0
Other	1.3	-	1.1
Ever attended EPI Camp/Satellite Clinic	56.2	52.2	55.8
Never attended but knows about EPI Camp/Satellite Clinic	46.3	51.5	47.0
Ever visited rural dispensary/hospital	77.4	75.4	77.1
Ever attended Uum Baithek or Health Talk	17.1	2.9	15.3

ANNEX III:
Report of Field Visit

GROUP	THANA	UNION	DISTRICT	BUDGET
12	Karimganj	Niamatpur	Kishoreganj	Tk.77,510

PROJECT START DATE: March 1, 1992 **PROJECT YEAR:** 1
VISIT DATE: February 14, 1993 **VISIT:** #5 (SV)
VISITED BY: **FPMD:** Ms. Immy Nieboer, SPS, FPMD/Boston.
Mr. Abu Sayeed, PD.
Mr. F. M. Mostaque, PO.
DFP:

OBJECTIVE: CPR - 62%

Niamatpur union:

	BASELINE (Feb '92)	PREVIOUS VISIT (Dec '92)	THIS VISIT (Jan '93)
ELCO	1,876	1,861	1,860
ACCEPTORS	904	1,108	1,125
CAR	48%	60%	60.48%

NARRATIVE REVIEW:
OBJECTIVES:

- To review the LIP activities accomplishment status;
- To review the activities of Charitola Sechasebi Sanchay Samity - a society of LIP volunteers;
- To examine the possibility of forming another society for LIP volunteers in the light of Charitola Sechasebi Sanchay Samity;
- To provide technical assistance to the thana team.

BACKGROUND: The first year LIP started its activities in 6 out of 12 villages of Niamatpur union from March 1, 1992 and it is to be ended on February 28, 1993. Remaining 6 villages of Niamatpur union are being covered by Shanirvar a FP-NGO funded by Pathfinder International. During the first year implementation, 6 out of 36 LIP female volunteers of Charitola village formed a society named Charitola Sechasebi Sanchay Samity in early October 1992 with initiatives of FPMD Program Director Mr. Abu Sayeed with a view to improving their socio-economic condition through

generating their income. Thus, a special visit was conducted to review activities of the society and examine the possibility of forming another society for LIP volunteers in other villages. In addition, existing status of the first year Action Plan implementation and proposed second year Action Plan were reviewed and discussed with the thana team.

RESULTS: On the way to Karimganj, the visiting team met with Mr. Abul Hashem, DD-FP, Mymensingh and discussed with him about the first year Action Plan implementation status of Nandail LIP thana started from January 1, 1993. Mr. Abul Hashem informed that the initial activities such as, Planning and Implementation workshop, volunteers recruitment and formation of FP management committees were accomplished and overall performance of the project is satisfactory. On the way to Karimganj, the team also met with Mr. Barekullah Khan, TNO of Nandail thana at his office and talked with him regarding the implementation status of LIP activities. Mr. Barekullah Khan informed that the LIP activities are being implemented as per schedule stated in the workplan chart of the Action Plan. Mr. Khan mentioned that Union Parishad chairman and union level FP staff are enthusiastic and are actively taking part in the LIP activities, but he pointed out that TFPO and MO/MCH are not so serious and actively involved in the project activities. However, Thana Nirbahi Officer (TNO) assured that he would mobilize thana officers and make them active in project activities.

The visiting team arrived at Karimganj Thana Health Complex at about 1300 hours and paid a visit to LIP sites, Niamatpur. During field visit, TFPO, MO/MCH, FWV, MA, Pharmacist and all the 36 LIP volunteers were present. FPI was not present though he was informed earlier. A meeting was arranged at Niamatpur FWC, where present status of the first year Action Plan implementation was reviewed with the FP-staff and volunteers. The activities of Charitola Sechasebi Sanchay Samity (a non profit voluntary society of LIP female volunteers) where also reviewed. Thana Family Planning Officer (TFPO) informed that the LIP activities are being implemented as per schedule. The TFPO assured that they would be able to accomplish all planned activities within the first year project period. The activities of Charitola Sechasebi Sanchay Samity were reviewed with the volunteers/members of the society, FWA and TFPO. It was found that the records such as, cash book, meeting minutes, individual savings book and bank pass book are being maintained and updated. Monthly meetings of the society are being held regularly and minutes are being recorded properly. The records are maintained by FWA as per local Rural Development Board Rules and Procedures. During their monthly meeting, the volunteers members reviewed their weekly savings status and discussed issues if any. FP activities are not discussed in this meeting. It was confirmed that the weekly instalment was regularly deposited in the local

bank. As of February 13, 1993 a total amount of Tk.2,200 was deposited in the bank against a loan amount of Tk.9,000. Loan repayment status is satisfactory. The members of the society expressed that they are being benefitted from this society's credit program and they can raise more income if they get additional loan from the society. The activities of Charitola Society were reviewed in front of all 36 LIP volunteers. The activities of Charitola Society were found satisfactory and encouraging. In view of this satisfactory and encouraging result, FPMD Program Director Mr. Abu Sayeed discussed about the possibility of forming another society for the volunteers of Niamatpur village in the light of Charitola Sechasebi Sanchay Samity. The volunteers and FP-staff of Niamatpur village agreed to form a society in the light of Charitola Society experience. Ms. Zebun Nesa FWA of Charitola unit was requested to assist Ms. Sadrun Nesa FWA of Niamatpur unit in forming a committee, opening a bank account, maintaining records and managing other activities. They were also requested to deposit amount of Tk.3,000 @ Tk.500 per member to the bank account under the title of Niamatpur Sechasebi Sanchay Samity (Niamatpur Volunteers Savings Society) on or before February 20, 1993 and confirm FPMD Program Director Mr. Abu Sayeed through sending bank certificate. In presence of volunteers and FP-staff, Mr. Abu Sayeed handed over amount of Tk.2,000 to FWA Ms. Sadrun Nesa as donation for opening a Bank Account under a title of the Society. In addition, a total amount of Tk.4,000 will be further donated to the proposed Society by FPMD Program Director on receipt of confirmation of contribution from the Society members. Rest of the volunteers of other units expressed to form society like Charitola Society. They were assured to help later on.

The Homestead Vegetable Production Project was reviewed and some of the gardens managed by the volunteers and FP-staff were visited by the team. The activities were found satisfactory. It was reported that @ Tk.180 instead of @ Tk.200 was disbursed to the volunteers for fencing purpose. One garden managed by FPI could not provide satisfactory result because it was not managed as per guideline. Fencing was not found in the garden managed by FPI though cost was provided. TFPO was requested to take up the matter with. The Thana Agriculture Officer was requested to monitor the project intensively and provide technical assistance to the volunteers from time to time.

FOLLOW-UP ACTIONS: The thana team was requested to advise volunteers to review FP activities in society's monthly meetings in addition to reviewing their savings status and other related activities and confirm FPMD Program Director regarding the formation of Niamatpur volunteers society and deposit of volunteers contribution against the society.

ANNEX IV:
List of Persons Contacted

USAID/Dhaka

Mr. Alan C. Foose, Health and Population Development Officer
Mr. Sheikh Belayet Hossain, Project Management Specialist

International Centre for Diarrhoeal Disease Research, Bangladesh
MCH-FP Extension Project

Mr. John G. Haaga, Director
Mr. Rushikesh M. Maru, Research Scientist
Mr. Ali Ashraf, Senior Operations Researcher

FPMD/Dhaka

Mr. Abu Sayeed, Director
Mr. F. M. Mostaque, Program Officer
All FPMD Program staff

UNFPA

Mr. S. K. Alok, Country Director

Ministry of Health and Family Welfare

Mr. Abul Hashem, Deputy Director-Family Planning, Mymensingh

Nandail Thana

Mr. Barekullah Khan, Thana Nirbahi Officer