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**CONCERN**

**CONCERN-BANGLADESH**

**First annual report**

**October 1998 – September 1999**

**USAID CHILD SURVIVAL PROGRAM**

**HEALTH AND NUTRITION PROGRAM**

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### List of Abbreviations

BASC	Business Advisory Service Center
BASICS	Basic Support Institutionalizing Child Health
BCC	Behavior Change Communication
BDLM	Bangladesh Lutheran Mission
CWFP	Concerned Women for Family Planning
DIP	Detailed Implementation Plan
DPT	Diphtheria, Pertussis, Tetanus
EPI	Expanded Program on Immunization
FP	Family Planning
FT	Field Trainers
GSS	Gono Shahajjya Shangstha
GNP	Gross National Product
H&N	Health and Nutrition
HO	Health Organizers
IBM	A Computer Company
IDH	Disease Hospital
IMCI	Integrated Management of Childhood Illnesses
IOCH	Immunization and other Child Health
IU	International Unit
JSI	John Snow Incorporate
MHO	Medical Health Officer
MOH	Municipal and Ministry of Health
MOHFW	Ministry of Health and Family Welfare
MOLGRD	Ministry of Local Government and Rural Development
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NGO	Non Government Organization
NID	National Immunization Days
NIPHP	National Integrated Population and Health Program
NRU	Nutrition Rehabilitation Unit
ODU	Organizational Development Unit
OHP	Overhead Projector
PHC	Primary Health Care
PIR	Project Implementation Report
PLA	Participatory Learning Action
PSC	Program Support Cell
PVO	Private Voluntary Organization
RA	Research Assistants
RO	Research Officer
SEARO	South East Asia Regional Office
SEATS	Service Expansion and Technical Support
CSP	Child Survival Project
TBA	Traditional Birth Attendants
TL	Team Leader
TO	Training Officer
TOT	Training of Trainers
UFHP	Urban Family Health Program
UNICEF	United Nation's Children Fund
UOO	Urban Operation Officers
USA	United States of America
USAID	United States Agency for International Development
Vit- A	Vitamin -A
WHO	World Health Organization

## 1 Background

### 1.1 Introduction

Bangladesh is a small low-lying country in the South Asian plain and is situated in the largest delta in the world. The total area of the country is about 148,393 square kilometers. India surrounds it in the North, West and East but it also shares a Southeastern border with Myanmar (Burma).

Bangladesh (formerly East Pakistan) gained its independence in 1971 after a bloody civil war between East & West Pakistan. Since independence the country has tried to establish democracy but has experienced considerable instability. Nevertheless successive democratic elections in the 1990s have been key landmarks on the road to long term stability. The population of Bangladesh is approximately 124.7 million with a 1.8% annual growth rate (World Population Data Sheet, 1999). With over 830 persons per square kilometer, it is one of the most densely populated countries in the world. These figures will be updated in further studies throughout the life of the program.

The rate of urban growth is 5.6% per annum and will increase rapidly within the next 10 years as the rural population moves to urban areas in search of work. It is estimated that the country's urban population will double its present size by the end of the 10 year period (Bangladesh Country Report for the United Nations Conference of Environment and Development, Brazil 1992). At present the urban population is 16% of the total population.

Concern Bangladesh's Health and Nutrition Program secured a USAID Child Survival Entry Grant in 1998 (\$298,217) for a period of 2 years (October 1998-September 2000) to implement a Child Survival Program (CSP) in two municipalities of the country (Mymensingh and Saidpur). With a 29.55% cost sharing from Concern Worldwide USA (\$125,077) the total appointed budget is \$423,294 for the first two-year period.

Capacity building and institutional learning through partnerships are the main themes of this Program. Through these partnerships, Concern seeks to increase its own and its partners' organizational capacities for Child Survival Programming.

Although Concern has been operating health and nutrition programs in Bangladesh since 1972, the CSP is strategically different from other on-going health projects in that it does not implement the program directly. Rather it provides technical assistance (TA) to the partner municipalities, through staff training and support, for improving their managerial and technical competencies for child survival work. It is envisioned that this will help develop mechanisms in the municipalities to sustain the benefits of these partnerships, and provide quality child survival services to its population on a continuous basis.

### 1.2 The people

The majority of the population are Muslim, with a small minority of Hindus, Christians and Buddhist people in the country. The country generally enjoys communal harmony.

Bangladesh is mainly an agrarian country where agriculture accounts for 30% of GDP. In 1996 GNP per capita was US\$250. This crude measure makes Bangladesh one of the world's poorest nations (Human Development Report, 1997). Bangladesh stands 144<sup>th</sup> out of 175 in the UNDP's Human Development Index (1997). The country is heavily dependent on international aid, which amounted to US\$14.6 per capita or 7.5% of GNP.

Bangladesh has a labor force of 56 million. Six and half million children (5 to 14 years) are involved in child labor (Bangladesh Bureau of Statistics 1996). About 45% of the total population are under 15 years.

Concern Bangladesh believes that Bangladesh society's greatest resource is its people. The vision is of a Bangladesh society that will have improved the living conditions for the poorest and vulnerable groups, elimination of absolute poverty, increase of social and economic equity, without adversely affecting the environment in which to live (CB strategic plan).

### 1 2 1 People in Mymensingh – a brief overview

There are approximately 254 000 people living in the twenty one wards of Mymensingh Municipality. In Mymensingh 9% of the population reside in slum areas, only 33% of the population have regular incomes while 50% of the population earn on a daily basis. Forty seven percent of the population reported earning less than 2,000 Taka per month, \$US 40. One third of the population are illiterate. In Mymensingh the prevalence of severe wasting is 0.8 percentage, among children under five years in 1997, while 12% are severely stunted. Pneumonia and diarrhea are reported as the most common causes of childhood mortality in the municipality.

Home delivery is the most common in the area with approximately over a quarter of births attended by a TBA.

The vast majority of mothers feed colostrum and breastfeed their children. In Mymensingh 98% of couples have heard of family planning, while 55% of couples reported they currently used a method of family planning. The contraceptive pill was reported as the most common method used with 38.5% use among users of family planning methods. Among the non-users, 30% of couples do not use family planning for religious reasons, while 45% want a larger family for economic security and 25% had other reasons. In Mymensingh all families use tubewell water for drinking and 94% know that contaminated water can cause diarrhea diseases. Ninety eight percent of households have access to sanitary latrines however 59% were maintained in an unhygienic manner. Eighty seven percent of respondents reported that they should wash their hands after using the latrine. Sixty percent however, reported using soap or ash when washing their hands.

(Main Sources Basics 1997. Concern Bangladesh and Mymensingh Municipality 1997)

## 1.2.2 People in Saidpur – a brief overview

There are approximately 150,000 people living in the fifteen wards of Saidpur Municipality. In Saidpur 26% of the population reside in slum areas, 25% of the population have regular incomes, while 47% of the population earn on a daily basis. Seventy-two percent of the population reported earning less than 2,000 Taka per month, \$US 40. Fifty percent of the population is illiterate. In Saidpur the prevalence of severe wasting is 2.2%, while the prevalence of severe stunting is 23% among children under five years in 1997.

Eighty-one percent of women delivered in their home, 11% employed a trained TBA, while 14% used a non-hygienic method to cut the cord and only 18% allowed the umbilical cord to dry naturally. Seventy-three percent of mothers fed colostrum to their youngest child.

In Saidpur 98% of couples have heard of family planning, while 45% of couples reported they currently used a method of family planning. The contraceptive pill was reported as the most common method used with 25% use among users of family planning methods. Among the non-users 15% of couples do not use family planning for religious reasons while 75% want a larger family for economic security.

In Saidpur 98.9% of families use tubewell water for drinking and 77% know that contaminated water can cause diarrhea diseases. Fifty percent of households have access to sanitary latrines however half of them were maintained in an unhygienic manner. Seventy-eight percent of respondents reported that they should wash their hands after using the latrine, only 64% reported using soap or ash when washing their hands.

(Main Sources: Basics 1997, Concern Bangladesh and Saidpur Municipality 1997)

## 1.3 Health & Nutrition information – an overview

In Bangladesh, about 700 children die each day because of severe malnutrition (BINP Health and nutrition survey, January 1998). Most of these prevalence rates are indeed the highest in the world.

### **FACTS**

- 64% are \*\*stunted (33% severely stunted and 31% moderately stunted) 17% are \*\*\*wasted
- Up to 35 - 50% babies are born with low birth weight (LBW)
- The mean maternal weight gain during pregnancy is about 5 kgs against an expected normal of about 10kgs
- 75% of women in reproductive age and 73% young children suffer from iron deficiency anemia
- *Source: BINP Health and nutrition Survey, 1995*
- Nearly 40,000 preschool children become blind every year due to vitamin A deficiency
- 500,000 (1.7%) suffer from night blindness
- 47% of the population suffer from goiter
- 69% of the population have deficient urinary iodine excretion
- *Source: BINP 1992 survey*

*\*\* Stunted: The percentages of children 6-59 months with height for age <-2 Z scores, chronic malnutrition*

*\*\*\* Wasted: The percentage of children 6-59 months with weight for height <-2 Z scores, acute malnutrition*

*Note: Standard Deviation Scores: A measurement of how far a child's nutritional status deviates from the internationally recommended reference population (WHO). Malnutrition is defined as less than -2 standard deviations from the mean (<-2Z scores) for stunting, wasting and underweight.*

All illnesses are attacks on a child's growth. In general, less energy and nutrients are available for growth. If such illnesses occur often, this in turn compromises the child's defenses by causing mucosal damage and lowering immunity, the result is an increased vulnerability to illness. So proceeds the downward spiral of frequent infection and poor growth leading to long-term stunting and, for many children, an early grave. About 75% of the time of young children in Bangladesh, especially in urban slums, are spent fighting diseases.

Disease is dependent on many factors, especially on safe water and sanitation. Keeping personal hygiene, hand-washing, keeping food clean, latrine use, safe refuse disposal, cleanliness of clothes, or the overall condition of the home and its surrounding is difficult in such a crowded situation as in

many parts of Bangladesh, especially in urban areas. In general a higher proportion of families in Bangladesh have tube water supply but safe sanitation is a big problem, mainly because of the population density and attitude in proper utilization of such facilities.

Access to health services is inadequate especially for the poor with 3,208 persons per hospital bed and 5,064 per physician. Although public health services are almost free, the quality of services is very poor. The quality of treatment and care in most of private practices can be alarmingly poor.

Because of the poor quality of the services, inadequate availability of drugs and poor maintenance and the bed occupancy rate in most health centers is only 50-60%. It is estimated that only 30% of illnesses are treated in government hospitals or qualified doctors (UNICEF, RETA, 1997). Traditional doctors and private practitioners treat the others, or the very poor may not receive any treatment at all.

### 1.3.1 Urban Health Care System

The MOHFW Health and Population Sector Strategy Number five was introduced in 1997. The strategic vision of the MOHFW is to develop a health service which is responsive to clients' needs especially women, provides quality services, has an adequate delivery capacity and is financially sustainable. The USAID seven-year plan National Integrated Population and Health Program (NIPHP) which commenced in September 1997, has an Urban Primary Health Care Strategy, which will operate in seventy municipalities. Both Saidpur and Mymensingh are among the seventy municipalities selected.

In Bangladesh the MOHFW is responsible for the provision of primary health services in rural areas while the municipality or City Corporation is responsible in urban areas. In some municipalities the staff employed have no formal health background. PVOs both local and international are contributing significant resources to the urban health services, particularly to slum populations. The majority of PVOs work in co-operation rather than partnership with the local authorities. This methodology has some basic problems such as non-sustainability, the projects are not developed on an economy of scale and the service is more comprehensive (therefore requiring more resources, 1997 survey) and of higher quality than the government service (leading to a negative attitude towards government services and dependence on PVOs among the community). This problem can only be resolved by developing the capacity of the municipality, rather than supplementing their health services.

Concern has worked in the health sector in Saidpur and Mymensingh since the mid seventies.

Concern health projects target geographical areas where a significant proportion of the population live in absolute poverty.

In accordance to Concern Bangladesh strategic plan we aim at the provision of services to people living in absolute poverty/hard core poor and those who are vulnerable in Bangladesh society.

### 1.4 Goals, Purposes and Strategies

The **goal** of the program is to develop a sustainable and comprehensive Municipal Health Service in Mymensingh and Saidpur.

The **purpose** is to strengthen the municipalities' capacity to deliver specific Child Survival activities of good quality that can be sustained within the municipalities' resources.

The **strategies**, which are central towards the achievement of this goal, are to

1. Develop the management capacity of the municipalities' health department through training and facilitation.
2. Develop the technical capacity of the municipalities on selected Child Survival activities through training, monitoring and a municipality staff support system.
3. Strengthen the municipalities' community approach through training and facilitation.

This is the CS Project Implementation Report (PIR) for the first year. It covers the period from October 1, 1998 through September 30, 1999. Analysis of various project activities, local initiatives, constraints,

deviations and some major achievements have been discussed in this report

### **1.5 Proposed Interventions**

The CS interventions that have been planned under this program and their relative program investments are given below

<b><u>Interventions</u></b>	<b><u>Program Investment</u></b>
Expanded Program on Immunization (EPI) (Children <1 and women of reproductive age)	14%
Vitamin -A	14%
Integrated Management of Childhood Illnesses (IMCI)	20%
Safe delivery	25%
Community Health Promotion	27%

These interventions are considered to be vehicles for improving the capacity of municipal health department. It is envisioned that with time with the emergence of new health problems, health and child survival priorities and challenges in the country would change. It is believed that even in that changed situation municipalities would remain capable of facing new challenges once, through this partnership program, their confidence and capacities are improved.

### **2 Program initiation**

A great deal of effort has been channeled towards orienting the municipalities on the whole concept of partnership. Initial activities focused mainly on development of mutual understanding, trust, rapport and clarity about mutual roles and responsibilities. This process of social mobilization is time consuming but invaluable to the smooth running of CSP. These have helped develop a foundation to initiate joint planning and implementation of the CSP activities in both municipalities.

#### **2.1 Joint signing of Memorandum of Understanding (MoU)**

Prior to commencing the program, two Memorandums of Understanding (MoU's) were signed between Concern and the respective municipalities, Mymensingh and Saidpur. Initial drafts were prepared by Concern and then shared with the concerned municipalities for their input. In the presence of some key Concern staff and elected representatives of the municipalities, concerned Chairmen and the CSP Program Manager signed the MoUs on 27/07/98 and 03/08/98 for Saidpur and Mymensingh municipalities respectively. The then municipal chairman, in the presence of a few commissioners, endorsed the Mymensingh municipality signing. Following the elections in February 1999, the chairman with many other cabinet members changed. The consequences and events, which have arisen from this change in power, are explained in detail in 6.3.

Although the MoUs are general in terms of stating mutual roles and responsibilities, they are considered vital legal documents for this collaborative work. MOUs also act as

- An entry point to sensitize the municipality staff in issues such as partnership,
- Gives Concern the authority to work in the urban area with local government and
- Allows Concern flexibility and a broad working approach to achieve CS goals
- Copies of the MoUs can be seen in Appendix -1

### **3 Activities**

The entry grant outlines five interventions that are as follows

- Expanded Program on Immunization (EPI)  
(Children <1 and women of reproductive age)
- Vitamin -A
- Integrated Management of Childhood Illnesses (IMCI)
- Safe delivery
- Community Health Promotion

Most of these interventions are inter-related (e.g. EPI, specifically measles, is a core component of IMCI), and some (e.g. health promotion) cover all components. With regard to the interventions mentioned, Concern CSP is coordinating and participating with other donors/PVOs who may be competent and organizing trainings in these areas - IOCH, USAID, CARE, SCF, Action Aid, World Vision, BRAC etc. It is important that each CSP Team, Concern and municipality collectively has competence in all intervention areas.

In a PLA exercise carried out in June 1999 by Concern in Saidpur the specific areas of Safe delivery, health promotion, Vitamin A and EPI were examined in detail. The full PLA exercise was made specifically targeting CSP activities. See Appendix 2 for details.

It is important to note here that all training that was planned and anticipated was scheduled for both municipalities. However, due to continued difficulties it was virtually impossible to undertake any formal training in Mymensingh. A constant series of opposition barriers, in different forms, from the municipality ensured that it was not possible to carry out the planned activities. These are dealt with in full detail throughout the report.

### 3.1 EPI

The objective of supporting the EPI service is to provide an effective EPI service which will aim at results in the following changes:

- Correct maintenance of the cold chain, particularly at vaccination site for all sessions
- Correct sterilization procedures will be known and practiced for all sessions
- Correct dosage will be administered according to age for 100% of the target groups
- A system for identification and follow up of drop outs will be developed
- Minimal level of inaccuracy in the completion of all MOHFW formats and registers
- Increased level of correct knowledge from 29% to 60%

The CS Program has been introduced to the urban EPI section in EPI-HQ at national level. Concern health department is now on their mailing list. Concern is invited to and informed about any upcoming meetings or workshops where Concern can contribute and share experiences.

In both the municipalities, FTs are accompanying their municipal counterparts to the outreach EPI sites and assisting them to improve the quality of the following specific aspects of the program:

- Sterilization
- Maintenance of cold chain,
- Vaccination
- Health education,
- Record keeping and reporting

While working with them, FTs are also recording and analyzing the strengths and weaknesses of the municipal staff, as this will help in deciding further training needs. This was guided by the formulation of a monthly activity-reporting format, including activities, descriptions and findings. Research Assistants (RA) in Mymensingh and Saidpur compile information by area and month and share it in monthly meetings with other FTs so that together they can find local means of addressing issues. One copy of the findings is also sent to the Research Officer in Dhaka for compilation and so that any action needed can be initiated.

A capacity / weakness assessment with each team during field visits are done in an informal manner at regular intervals. A comprehensive SWOT (Strengths, Weaknesses, Opportunities, and Threats) exercise will be undertaken in conjunction with the municipality teams following training. Opportunities and constraints are mentioned throughout the report.

Concern, with other leading agencies, also took part in planning and implementation of National Immunization Days (NIDs) in both the municipalities. The Program Manager attended the national planning meeting at EPI HQ in Dhaka in the first week of December, February, June and August 1999. Concern, together with the municipalities, decorated important traffic islands with colorful banners for public information about the days in Dhaka as well as in the municipalities. More than 95% of children under five in both the municipalities were covered with one extra dose of polio vaccine and Vit-A in each of these NIDs.

The CSP training officer carried out a training course on EPI and Vitamin A in May 1999 for all Saidpur CSP and Municipality health teams. See appendix 3 for report.

### 3.2 Vitamin-A

Bangladesh is considered a high risk country according to the World Health Organization's (WHO) classification. The objective of supporting Vitamin A campaigns is to institute an effective strategy, which will reduce the prevalence of vitamin A deficiency among children 1-6 years. The following changes were to be observed by the end of the first year:

- Twice yearly campaigns will be institutionalized
- 75% of workers can identify and treat vitamin A deficiency according to the child's age
- Vitamin A supplement is given to 50% of children with illness as per the MOHFW/WHO guidelines
- Minimal level of inaccuracy in the completion of all MOHFW forms and registers
- Awareness of the function and importance of vitamin A will be increased

Children under one year of age previously were given 75,000 IU of Vit-A in three fractional doses within the EPI schedules (with DPT1, DPT3 and measles) until November 1998. The government however, reviewed the Vit-A policy in November 1998 and instructed that Vit-A should not be given to children less than 6 months of age as they can be adequately supplemented through breast milk. According to the new policy:

#### For children

- Children would be given 100,000 IU of Vit-A in one dose with measles vaccine at 9 and 12 months
- Children over 12 months would be given 200,000 IU of Vit-A every 6 months up to 5 years through half yearly national Vit-A campaigns, and

#### For mothers

- Women who have delivered recently would be given 200,000 IU of Vit-A within two weeks of delivery

CSP staff is supporting their municipal counterparts to carry out their work in accordance with the new policy. They are also assisting them in disseminating this information within the communities in both municipalities so that people are not confused by this change in policy. See the report attached in Appendix 3.

During the National Immunization Days and Vitamin A campaigns, Concern provides necessary technical support to municipality for implementation the day. Also ward wise supervision monitoring and help in keeping records is carried out.

### 3.3 Integrated Management of Childhood Illnesses (IMCI)

Integrated Management of Childhood Illness (IMCI) is still in the planning stage at National level and has not yet been used in the field. The adaptation of this initiative is planned to take place in year two of the Entry Grant, however as Concern foresees this as a vital component of the CSP it has already begun work towards this aim.

The adaptation process is continuing and Concern has been an active member of this process. Team members may require refresher training and updating on specific CSP interventions later on, e.g. IMCI, safe delivery, birth spacing and health promotion/behavior change communication (BCC). In the meantime the program officer and the development officer are members of the adaptation committee and are keeping staff abreast of new developments and essential guidelines for the referral (and if appropriate, treatment) of malaria, measles, malnutrition, diarrhea and respiratory infections.

The CS Program Manager, the CSP health back stop and the health and nutrition Development Officer participated in the technical workshop on IMCI on 29th September 1998, which was sponsored jointly by WHO/UNICEF/BASICS and the Ministry of Health and Family Welfare (MOHFW). At this meeting, different sub-groups were formed to augment the adaptation process of different components of IMCI e.g. measles, ARI, malnutrition, diarrhea, etc. Concern has been an active member of the EPI sub group and has participated in six sub-group planning meetings during the first year. The Program Manager was invited by WHO- SEARO (World Health Organization - South East Asia Regional Office) to attend a 2 week international training course on IMCI in Nepal in

November 1998, jointly organized by WHO- SEARO, Child Health Department of the MOH Nepal and UNICEF. The training section of this report deals with issue in further detail

### 3.4 Safe Delivery

Research has shown that TBA training can reduce morbidity and mortality if two pre-conditions exist

- a strong and effective referral link with the local maternity institutes that can correctly manage obstetric emergencies
- A follow up support system including on the job support, meetings and refresher training

The objective of this intervention is to develop a safe delivery initiative between community and first level

Safe delivery is a vital intervention for Mymensingh and Saidpur. A significant proportion of mortality and morbidity among mothers and children are caused due to unsafe delivery methods in the country. The following is some data related to this intervention

- 73% and 81% of women are delivered at home in Mymensingh and Saidpur respectively
- 28% and 11% of home births are attended by trained TBAs in Mymensingh and Saidpur respectively
- 15% and 14% of cord cuttings following childbirth are unhygienic
- In Mymensingh health professionals attend only 28% of all deliveries

CSP program staff in Mymensingh and Saidpur have made listings and analysis of the TBAs maternity clinics (government/NGO/private) and other relevant resources available in the community by ward

Concern now has two government approved TBA trainers that are carrying out training in the two municipalities. There were 55 untrained TBAs in Saidpur municipality. Out of them 20 TBAs are now trained and the remaining 35 TBAs will be trained gradually. A new training course started on 6 September 99 with 12 of these TBAs mothers commencing official training. A workshop was organized with all TBAs of Saidpur municipality on 22 June 99 and 37 TBAs attended the workshop. The aims of this training include

- Trained TBAs and the FWs will meet monthly, have completed a yearly refresher course and be given on the job support during the first year after training
- TBAs will be capable of performing hygienic deliveries
- TBAs will refer 70% of complicated cases to the relevant MOHFW service
- The MOHFW will accept all TBA referrals
- TBAs and MOHFW clinic/hospital to develop and implement a simple monitoring system
- Safe delivery by trained TBAs increased by 30% from the base year 1998
- Increase utilization of trained TBAs from 20% to 50%

Their skills, capacity and peoples perception about them are assessed through some KAP and FGD (See appendix 4)

To face the challenge to reach the underserved, disadvantaged people in all the wards in Saidpur it was decided to undertake a follow up comprehensive PLA in conjunction with Concern's Organizational development Unit. This was completed in mid September and the full report will be available in October 1999. This will be submitted with the Detailed Implementation Plan in December 1999

In May 1999, Dr. Shahnewaz Khan, Program manager for the CSP attended a Safe Motherhood workshop in Washington which focused on effective strategies to promote quality maternal and newborn care. This information was later disseminated at project level and has since become a valuable tool in the improvement of safe deliveries

### 3.5 Health Promotion

The above health practices will become a norm if they are perceived by all sections of the population as beneficial to themselves. Health services are more acceptable to a population if they are of good quality and their benefits are well explained

A sustainable community health promotion structure is currently being developed ensuring the following

- Social mobilization structures are developed and institutionalized for Vitamin A, EPI, IMCI, birth spacing and safe delivery
- Formal (both political and religious) and non formal community leaders are aware of these health issues
- National issue days observed
- Municipality teams undergo constant development to maintain community structures
- Municipality staff deliver health education and counseling on selected issues is developed

The FTs have assessed the health promotion skills of their municipal counterparts in both Saidpur and Mymensingh while working together in the community and EPI site. They also demonstrate efficient ways of providing simple and specific messages to the clients and getting their feedback. They are trying to ensure that all the municipal staff carry the recommended health education materials with them to the community and out reach service delivery centers while working so that mothers can be educated on different health and nutrition issues.

There is ongoing activities both formal and informal involved in health promotion through campaign, implementation and supervision and monitoring of municipality works. All the FTs have attended a weeklong course on health promotion, as opposed to health education, organized by the training unit of Concern.

Ward specific activity plans for each of the CSP staff are drawn up and reviews to update the reporting system for health promotion are in place.

### 3.6 Detailed Implementation Plan Preparation

This area has proved to involve a lot of preparatory work. This was foreseen by USAID and was conveyed to Concern during the USAID feedback meeting in July 1998. It was recommended that Concern focus on developing a full 4 year Detailed Implementation Plan (DIP) between the starting date and December 1999 rather than trying to achieve all the ambitious targets set for the first two year program.

### 3.7 Baseline Assessments

In preparation to achieve the objectives and goal of CSP it is necessary to focus on certain areas of importance during the first year activity plan. The CSP specific activities cannot be achieved in isolation rather groundwork is vital towards their achievement. An overview of the major components of the groundwork in terms of assessments is outlined below. These were seen as activities that were carried out through the reporting period. Their details in full are made clearer as the report unfolds.

#### 3.7.1 Ward profile compilation

The research officer together with the research assistants and the municipality created ward profile analysis study that had two main objectives:

- Compilation of vital information for future CS works
- Facilitating and encouraging harmonious working partnerships between Concern field trainers and municipal health staff

The profile includes the number of staff (Municipal/MOH/NGO), their age, sex, specific work and implementation strategy, working in each area (by ward), the name and type of work done by any PVOs (by ward), other important institutions, key personnel, important work of interventions (EPI, Vit-A etc.) if available. This profile was a tool in developing area specific activities and strategies.

#### 3.7.2 Participatory Institutional Health Capacity assessment

A preliminary Institutional Health capacity assessment was conducted between the Concern and municipality CS team in Saidpur in July 99 with the following objectives:

- 1 To assess current institutional health capacity for delivery of municipal services
- 2 To facilitate municipal health staff to identify constraints and problem priorities at institutional level
- 3 To determine priority training needs and to consider other appropriate actions for institutional health strengthening at municipal level
- 4 To identify organizational capacity indicators (OCIs) for Saidpur municipal level health department

- 5 To provide a baseline for follow-up Institutional Health Capacity Assessments which will contribute to mid-term and final evaluations

This has been followed up with a comprehensive Institutional Health Capacity Assessment in September 1999 between the Concern's Organizational Development Unit and the CSP teams in Saidpur See Appendix 5 for details of contract

### 3 7 3 Stakeholder Analysis

This was undertaken in both areas in order to coordinate and compliment efforts being made in the areas of service provision

### 3 7 4 Knowledge, Practice and Coverage (KPC)

Concern Bangladesh Health and Nutrition Program and the relevant municipalities are to conduct two baseline surveys on the existing status of Knowledge, Practice and Coverage (KPC) on specific child and maternal health components in it's Mymensingh and Saidpur municipal working areas

The survey objectives are

- 1 To obtain baseline information on Knowledge, Practice and Coverage from mothers of children less than 24 months related to the interventions that are planned for the Concern - Municipality Child Survival Programs in Mymensingh and Saidpur
  - Expanded Program on Immunization (EPI)
  - Vitamin A" Supplementation
  - Integrated Management of Childhood Illness (IMCI) - Diarrhea, ARI,
  - Malnutrition (1 week - 5 years)
  - Safe Delivery initiative (women 15-49 years)/birth spacing awareness
- 2 To raise awareness and increase understanding among child survival teams regarding Mothers capacities and constraints for protecting children s health
- 3 To sensitize and orientate families and stakeholders regarding the proposed child survival Programs
- 4 To disseminate and share findings for collaborative action
- 5 To provide a baseline for follow-up KPCs which will contribute to mid term and final Program evaluations See Appendix 6

### 4 Staff development and training

As a new Child survival grantee, Concern Worldwide was admitted to the CORE (Collaborations and Resources) group of the US PVO s last year and was invited to participate at this year s Headquarters workshop in Arizona This was attended by the appointed health backstop for the CSP and by the Health Program manager for Bangladesh Whilst there they also took opportunities to visit USAID Headquarters in Washington, and CSTS (Child Survival Technical support project) / Macro International in Maryland

Training has been planned in the proposal, both for the CSP and municipal staff, for the first semester Through careful review of situations at project level, the program decided that at the initial stage of partnership, it was important not to withdraw any staff, either municipal or CSP, from their work sites for training or other reasons Time was allowed so that Concern and municipal staff could work together in the field and build up rapport and mutual trust to develop a congenial working atmosphere in the municipalities Moreover, it was too early to conduct some of the training mentioned in the proposal (i e IMCI), as it is still under the adaptation process at national level

Both Concern and municipal staff proposed that training should be needs based, so that the intended impact can be achieved CSP staff assessed specific training needs of the municipal staff through joint fieldwork They spent time exploring and analyzing strengths, weaknesses and available resources in the municipalities so that a feasible training action plan was developed CSP Training Officer (TO) and Research Officer (RO) assisted them to come up with this plan TO/RO also assessed the training needs for Concern FTs/TLs

Unless training is in a formal setting it can be hard to quantify It must therefore be remembered that training takes place at all times and through much day to day informal activities This whole area is vital towards the progress of the CSP goals and objectives

In the first year training was attended by CSP and Mymensingh and Saidpur municipal staff, which are as follows

#### 4 1 Concern staff

4 1 1 The Program Manager was invited by WHO- SEARO (World Health Organization - South East Asia Regional Office) to attend a 2 week international training course on IMCI in Nepal in November 1998, jointly organized by WHO- SEARO, Child Health Department of the MOH Nepal, and UNICEF

The objective of the training was

- To develop national experts who would assume a lead role in the development of national plans and strategies for IMCI in their home countries

Twenty-five participants from 8 different countries participated in the training Participants were trained on

- standard case management protocol for childhood illnesses to be used by health staff in first level health facilities,
- methods of counseling mothers for specific childhood illnesses and
- methods of teaching mothers to give specific treatment at home or arrange referral for certain childhood illnesses

4 1 2 Service Expansion and Technical Support (SEATS) group, a USAID contract training agency based in the USA arranged regional training and training of trainers (TOT) in Dhaka on Integration of Reproductive Health in Child Survival activities in February 1999 Representatives from different Private Voluntary Organizations (PVOs) participated in the training from six different countries in the South East Asia region

In the 1st week participants were trained on different management and technical aspects of the integration In the second week only a limited number of participants received TOT The CSP Program Manager participated in both the training and the TOT sessions as recommended by Concern-USA

4 1 3 The Training Officer participated in a training of trainers (TOT) course, organized by the Business Advisory Service Center (BASC), in November 1998 The objective of the training was to develop the participants' skills so they could be capable of

- assessing training needs,
- designing training programs and
- evaluating and following up the impact of training

This training has been found beneficial for the Training Officer to take up his training role in the program

4 1 4 The Research Officer and two Research Assistants, from both Saidpur and Mymensingh, attended a three week computer training program from November 20-December 15, 1998 The RO was trained on Fox pros whereas the RAs were trained on excel

4 1 5 The Program Officer attended an international workshop of the fourth Annual Child Survival Workshop on Community Empowerment, 31 May – 5 June 99 organized by Child Project, CARE Bangladesh The goal of the workshop was to increase the use of participatory approach and to promote community empowerment

4 1 6 Two field trainers attended a four weeks course on the management of severely malnutrition children organized by ICDDR B

4 1 7 Two field trainers with a municipality supervisor attended a six days training course on baseline survey organized by ACPR, Dhaka for the preparation of KPC survey

4 1 8 Three field trainers attended a 3 days workshop on PLA to strengthen skill in PLA Workshop was organized by Concern at Dhaka

#### 4 2 Municipality staff

- 4 2 1 A total of seven municipal staff out of 22 in Saidpur received training on basic EPI organized by EPI-HQ and BASICS in February 1999. The remaining 15 were trained locally by Saidpur Thana Health Complex. This training was coordinated by Concern.
- 4 2 2 Fifteen health staff from Mymensingh municipality out of a total of 23 has traditionally been engaged in non-health activities. Local MOHFW has assigned 15 staff (12 from health and 3 from Family Planning) to the municipality to cover this functional gap. These MOHFW staff working for the Municipality was trained on EPI but the municipal staff was not. Eight municipal staff received the above-mentioned basic training organized by BASICS/EPI in February 1999.
- 4 2 3 The Medical Officer in Mymensingh Municipality attended the aforesaid week long regional training on Integration of Reproductive Health in Child Survival Program arranged by SEATS with the CSP Program Manager in February.
- 4 2 4 A training need assessment has been completed for the municipal chairman and commissioners. The training took place with in September 1999 in health care management systems.
- 4 2 5 All FT s and municipality health workers attended a workshop on Leprosy organized by the Damien Foundation. Concern acted as the liaison to participate in this.

As is aforementioned anticipated training for Mymensingh municipality health workers was disrupted due to internal conflict within the municipality. This is dealt with in further detail in section six of this report.

## 5 Program management

### 5.1 Staffing

The CSP staffing plan as per the entry grant logframe differs slightly and has been modified to reach the realistic requirements of the program. The following are engaged in the CSP activities:

Title	Number
Program manager	1
Program Officer	1
Training Officer	1
Research Officer	1
Research Assistant	2
Team Leader	2
Field Trainer	12

Although officially the project started operation from Oct 1, 1998, staff recruitment wasn't complete until March 1999. Advertisement, staff selection and recruitment took considerable time. Recruitment of key staff i.e. team leaders was a major problem. Despite several advertisements in reputed national dailies, no suitable candidates were found. It was mainly due to difficulties in getting the right people within the salary structure we have planned and the remoteness of our program area (especially Saidpur - about 400 km from Dhaka).

Finally, in the first week of April '99, two team leaders were recruited. However, the team leader in Saidpur only completed three months of his contract. He left the project without giving his notice of resignation and was uncontactable. His contract was thus terminated as per policy. Due to the team spirit, which has evolved during this first year of the CSP, the workload, which was divided amongst existing staff at project level and at head office level, has not adversely affected the positive progress that is happening in Saidpur. This is also due to the excellent relationship that has been forged between the CSP team and the municipality at all levels.

Field Trainers (FT) recruitment was quite straightforward although the selection process took considerable time, mainly due to major involvement of the entire organization in flood mitigation program. 12 Health Organizers (HO) and Health Supervisors from an ongoing H & N program were interviewed and promoted/ transferred to the CSP to work as FTs in early November. Seven FTs have been placed in Mymensingh and the other 5 in Saidpur according to the plan.

Two new research Assistants, joined the respective field offices in December after an initial 2 weeks orientation and computer training at Dhaka. The research assistant in Saidpur only completed ten months of his contract. The process is underway to find a replacement.

A research officer of social science background and a training officer of medical background joined Dhaka office in early January.

### 5.2 Health backstop support

As per USAID requirements, a health backstop was appointed to offer support and guidance in undertaking the entry grant and for future development of the Detailed Implementation Plan. The health backstop acts as a liaison between the Bangladesh program and USAID Washington and Concern USA. Another role which has emerged during this reporting year is that the health backstop provides hands-on assistance / mentoring and training of CSP development issues as is necessary or requested.

The health backstop has visited both the program sites and various meetings in the USA in the twelve months.

Dates of visits: September 7<sup>th</sup> - October 8<sup>th</sup> 1998 - Bangladesh  
April 20<sup>th</sup> - 23<sup>rd</sup> 1999 - Arizona CORE meetings  
June 2<sup>nd</sup> - July 4<sup>th</sup> 1999 - Bangladesh  
May 1998 - Washington and New York  
August 1998 - Washington and New York

This area of support has proved to be invaluable to the first year of the Entry Grant proposal

## 6 Progress towards objectives and accomplishments

This section of the report envisages providing an overall picture of events to date their consequences and to attempt to draw conclusions as to where they will lead the program in the coming future In order to examine the progress towards the objectives and accomplishments of the CSP it is necessary to look at the project sites separately

### 6.1 Saidpur

In Saidpur the CSP operation is smooth and the working relationship between Concern and municipality is professional The program started well and has been passing through a logical process of partnership building Concern staff have been providing assistance to the municipal staff to improve the quality and effectiveness of the existing health care services in the municipal area At the same time, they have also started initiating entry in to the community, gaining in-depth understanding of municipal structure, identifying potential mechanisms available for community support within the municipality and building mutual trust and rapport for long term partnership The following are some highlights about the mutual achievements of CSP in Saidpur

- 6.1.1 A provision for monthly coordination meetings has been established in Saidpur municipality All municipal health staff health supervisor, Concern staff and the team leader sit together at least once in every month This has become a good forum where different technical and management issues of CSP implementation are discussed Municipal chairman, commissioners Thana health administrator and CSP training/research officer attend these meetings as and when needed to help the team solve local operational problems and come up with necessary plans
- 6.1.2 Municipal and Concern staff have jointly reorganized the locations of out reach EPI centers in consultation with the community people in order to make them accessible to more people of the respective catchment areas It is expected that this would reduce the rate of drop out for children vaccinations and tetanus toxoid (TT)
- 6.1.3 An EPI refresher training has been conducted for all municipal staff and supervisors recently Concern field trainers are following up the impact of the training at the field and helping the municipal staff to improve quality of care (dose specific target calculation, sterilization of needle, cold chain maintenance, vaccination, counseling of mothers, record keeping etc) at the service delivery centers
- 6.1.4 Municipal Health Supervisor and two field trainers have received a 5 day long training on WHO recommended '30 cluster survey methodology' recently ACPR, a local USAID recommended research organization has conducted this training This organization is currently conducting the KPC survey in Saidpur municipality In addition to the collection of base line information for developing DIP, this survey would act as a field training for both Concern and Municipality staff as they would also be involved (as observers) in the process of survey
- 6.1.5 Terms of Reference (ToR) for Ward Health Committee (WHC) has been prepared The committee formulation has been currently going on The respective ward commissioner is the head the committee with the respective municipal staff being the member secretary Concern Field Trainer, representative from PVOs working in the ward, one TBA, one or two-community representatives (i.e. teacher) are members of this committee This committee will be responsible for assessing community needs, identifying community potentials and recommending possible solutions for respective ward
- 6.1.6 A series of participatory exercises was conducted in Saidpur between 18-25 June 1999 The exercises included
  - Participatory Learning Action (PLA) with the community peoples (See appendix 2)
  - Concern- municipality CSP team, Chairman, commissioners, community participants (TBAs, Volunteers and Community beneficiaries) were involved in different steps of these exercises

- 6 1 7 KAP and FGD meetings were conducted with Community Health volunteers and TBAs See appendix 4
- 6 1 8 A preliminary Institutional Health Capacity assessment was conducted between the Concern and municipality CS team in Saidpur in July '99 with the following objectives
- To assess current institutional health capacity for delivery of municipal services
  - To facilitate municipal health staff to identify constraints and problem priorities at institutional level
  - To determine priority training needs and to consider other appropriate actions for institutional health strengthening at municipal level
  - To identify organizational capacity indicators (OCIs) for Saidpur municipal level health department
  - To provide a baseline for follow-up Institutional Health Capacity Assessments which will contribute to mid-term and final evaluations
- This has been followed up with a comprehensive Institutional Health Capacity Assessment in September 1999 between the Concern's Organizational Development Unit and the CSP teams in Saidpur See Appendix 5 for details of contract  
The report will be available in October 1999 and will be submitted with the Detailed implementation plan in December 1999
- 6 1 9 External consultants are currently undertaking a KPC study with the research officer leading the study and full understanding and cooperation with the municipality See copy of contract Appendix 6
- 6 1 10 A training need assessment was completed for the municipal chairman and commissioners Training on health care management took place in September 1999 See Appendix 7

Saidpur has made considerable strides in moving forward positively towards the CSP objectives in comparison to Mymensingh There are many factors and reasons that can be attributed to this comparison The main area of comparison is that of the internal workings of the power structures which rule the areas In the following section of this report it aims to examine these and what are the consequences of such differences

## 6 2 Mymensingh

Mymensingh has proved to be the more problematic of the two working areas However there was progress made during this period

### 6 2 1 Ward Profile compilation

The research officer together with the research assistants and the municipality created ward profile analysis study that had two main objectives

- Compilation of vital information for future CS works
- Facilitating and encouraging harmonious working partnerships between Concern field trainers and municipal health staff

The profile includes the number of staff (Municipal/MOH/NGO), their age, sex, specific work and implementation strategy, working in each area (by ward), the name and type of work done by any PVOs (by ward), other important institutions, key personnel, important work of interventions (EPI, Vit-A etc ) if available This profile was a tool in developing area specific activities and strategies

Following an analysis on the geographical working areas it was jointly decided that each staff member from Mymensingh and Saidpur was given the responsibility for three municipal wards The 21 wards of Mymensingh were distributed among 7 FTs, and 15 wards of Saidpur were distributed among 5 FTs Primarily, the focus was to build up rapport with municipality, MOHFW and other NGO staff, locally elected public representatives, key relevant institutions (e g schools, PVOs, clinics) key people (e g TBAs, traditional healers) and other community leaders

## 6.2.2 Stakeholder Analysis

An initial stakeholder analysis at project sites was compiled at the beginning of the program though it was updated and reassessed in both working areas in July 1999. A practical session on stakeholder analysis i.e. Influence and Importance matrix was given to the teams at both locations. See Appendix 9a&b

## 6.2.3 Collaboration with stakeholders

CSP teams in both Dhaka and Municipality levels meet with different government and non-government stakeholders regularly. This area of rapport building is vital to the smooth operation of the CSP program. During first year the collaboration was mainly in the form of meetings and workshops to clarify mutual roles in the municipalities, particularly in the issues of child and maternal health. All meetings are recorded, documented and forwarded to the relevant persons. This provides clarity and transparency and has acted as an important tool in the activities of the first year of the Entry Grant.

The main relevant national stakeholders and their work are found in appendix number 10.

A series of meetings and sessions were conducted to introduce the program in the municipalities. Each session involved participants from a different capacity. Advocacy, or sensitization meetings were more to inform the key stakeholders and the municipal people about the CSP initiative. Orientation sessions were organized for direct CSP partners i.e. Municipal and Ministry of Health (MOH) managers and staff, to discuss specific issues of the CSP. Orientation workshops were also organized for the Concern CSP team Training Officer (TO), Research Officer (RO), Team Leaders (TL), Research Assistants (RA) and Field Trainers (FT).

## 6.3 Description of events and constraints to date

Despite all possible efforts from Concern Bangladesh, it has not been able to build up a good working relationship in Mymensingh municipality as yet. It started quite well at the beginning but due to a variety of reasons, the project has become very much politically victimized following the recent municipal election last February. Twenty-two out of twenty-eight ward commissioners of Mymensingh municipality were newly elected which has led to a complete shift of municipal cabinet from one political party to another (Bangladesh Nationalist Party (BNP) to Awami League). During the period of current cabinet, the program has been facing strong resistance from a few of the influential commissioners.

It has now reached such a critical stage whereby Concern Bangladesh is seriously considering the viability of continuing the CSP in Mymensingh in the future i.e. the formulation of the Detailed Implementation Plan (DIP) may need to be redesigned.

In October 1998, during the beginning of this partnership, the then municipal chairman (BNP) in the presence of a few commissioners including followers of Awami League and the municipal Health Officer signed a Memorandum of Understanding (MOU) of partnership between the municipality and with Concern for the CSP program.

Following the elections in February 1999, the chairman with many other cabinet members changed. Members who signed the original document have now decided that they no longer endorse the partnership. In an open forum aimed at disseminating information to eliminate confusion, they termed this partnership as a deed of conspiracy between Concern and the previous cabinet.

They feel that the current strategy of work can't bring any benefit to the municipality unless some material support is provided (explained below). It is important to say here that these few commissioners are very influential in the municipality. Although there are twenty-eight commissioners in the municipality, these few commissioners and associates dominate the entire cabinet. Moreover, one happens to be the 'brother-in-law' of the present chairman and both of them belong to the current ruling political party (Awami League). So in many ways this group is powerful. Although the chairman believes that this is a very good partnership program and at any cost it should continue, he can't make decision without these commissioners or cannot form a committee ignoring them.

Concern staff met these commissioners several times and in almost all the occasions they openly asked for bribes. They say that they don't understand the program much and they don't have any interest to understand it. The program can start running smoothly at any time if they are offered yellow envelopes (Bribe).

In the public forum however, they change their attitudes and start talking programmatically. In an effort to minimize confusions and find ways to smooth operation of the program, Concern arranged a meeting with the municipal cabinet on July 19 where all the commissioners attended. This was following a series of meetings that only seemed to come to the stage of gridlock. Local USAID and IOCH/MSH\* representatives and Deputy Director, MOLGRD from national level participated in this meeting on request from Concern. The meeting was presided over by the chairman.

The municipal Commissioners claim that the real needs of the municipality have not been reflected in the current CSP proposal. Mymensingh municipality has allegedly achieved 70% of quantitative coverage for EPI. These areas had been discussed at several other meetings. They feel that they have achieved enough and don't have much to improve further in the field of Primary Health Care (PHC).

Reflecting the claims of the commissioners, an 11-member committee was formed in this meeting. It was decided that this committee would sit and find ways of smooth operation of the program with immediate effect and review the existing CSP proposal simultaneously for bringing necessary changes to make it more sensitive to the needs of the municipality.

Accordingly the committee sat in a review meeting on August 9 at municipality conference room under the chairmanship of municipal chairman. A five hour long discussion was held. This discussion didn't bring any positive result either. Concern informed that a Knowledge, Practice and Coverage survey (KPC) for CSP is imminent at Mymensingh. IOCH/MSH is also going to coordinate a national MNT (Measles and Neonatal Tetanus) campaign. In both the cases participation and assistance of the CSP team would be extremely important for making these initiatives a success. Concern and IOCH/MSH representative and at different times the Chairman himself discussed different options to find ways so that the program continues and simultaneously the proposal gets reviewed. But the commissioners (two influential ones out of the four were present) were rigid. They posed some demands, which seem unrealistic and kept on pressing that unless the demands are fulfilled CSP activities can't continue in Mymensingh. Their demands are:

- All the municipal health staff must get salary from this CSP fund
- Seven ambulances will have to be given to Mymensingh municipality from this CSP grant. At least one or two are to be given immediately
- Twenty-one health centers, one for each ward to be built. If not all, at least some to be built immediately
- Motorcycle for the health supervisor and bicycle for the field staff will have to be provided

Despite the fact that the IOCH and Concern representatives didn't believe in the above-mentioned demands, they agreed that they would inform USAID about these demands. In reply to a question of Dr. Hamud of IOCH, they informed that if USAID declines with these demands, they would terminate this partnership program.

IOCH/MSH and Concern representatives explained why these demands are neither rational nor important for improving the health care system in Mymensingh municipality.

#### 6.4 Crisis meetings

1. The Concern Country Director and Program manager along with IOCH/MSH representative responsible for Mymensingh Municipality met with Charles Habis – USAID Health and Advisor

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\* IOCH/MSH

Immunization and Other Child Health/Management Services for Health is a USAID Private Voluntary Organization (PVO) in Bangladesh. IOCH is under agreement with the MOLGRD to provide technical support on child health issues particularly on EPI in the municipalities. It has been currently supporting 88 municipalities from national level which include Mymensingh and Syedpur.

and his colleagues in USAID office at Dhaka on 19 August for a briefing about the situation in Mymensingh. They were informed that strategically Concern cannot agree with the commissioners' demands because they do not reflect neither the purpose of the CSP nor are important for improving the health situation of the municipal people. USAID agreed and suggested that a meeting be held with the municipality immediately in order to put forward our concerns.

2. On August 24 1999 the Country Director, Program manager and another medical representative from Concern attended a meeting in Mymensingh. The chairman, a few commissioners, the health department in charge of Municipality and other relevant people from municipality were present. They raised the same demands as before and demanded that from the CSP budget the material requisitions of before must be adhered to.

It was clearly stated from Concern that under no circumstances, provision of giving support in such materials salary or development of infrastructure could be made as the CSP project is entirely focussed on building the capacity of the Municipality health departments existing structure.

Finally the Chairman and the commissioner informed that the Municipality Council would meet on August 31 1999. In this meeting they will decide and let Concern know if the Municipality agrees to the existing partnership proposal for capacity building and come forward with its full cooperation to implement the program in accordance with the existing plan.

We are waiting for the decision of the municipality cabinet meeting. Already we have sent an official letter to the chairman with CC to all commissioners stating our position. See appendix no 11.

#### 6.4.1 Concern and IOCH representative's explanation about the demands

The Concern and IOCH representatives tried to make the municipal representative understand that none of these demands matches with the objectives of the CS Program. When sustainability of the program is the main purpose of the program, the program must base on the existing resources of the municipality and hence the municipality has to continue paying salary of its staff. The program rather aims at improving the knowledge and skill of these staff and strengthening municipal health system management through improving inter-sectoral collaboration, referral, community participation and utilization of existing health care resources through on the job training of municipal staff on relevant management and technical issues.

With regard to the second demand, it was explained that no municipalities in Bangladesh have an ambulance. According to the municipal regulation (as stated by the Deputy Secretary, MOLGRD\*) municipality doesn't need it and it can't keep any ambulance either, as municipality doesn't provide hospital services. An ambulance means initiating a process of recurrent cost for repair, fuel, driver's salary etc. This would rather cause a sustained economic burden on the municipality and after phasing out of CS support, government would not be in a position to bear such recurrent expenditure particularly when it is not essential. In the municipal area there are enough transports and patient carrying is not at all a problem. Besides this, there is ambulance service available in medical college hospital (run by Ministry of Health and Family Welfare), which is located within the Mymensingh municipal area.

It was discussed that Mymensingh municipality doesn't need any more health center either. The existing health facilities are tremendously under utilized and combined efforts need to be put for better utilization of these services. For this, construction of more buildings is not important, rather developing mechanism for community diagnosis of diseases and appropriate referral is essential which CSP aims for. One of the purposes of construction of new structures that the two commissioners mentioned was that they would need a place for holding periodical ward health committee meetings (formulation/activation of ward health committee has been a plan in the CSP). But only for such periodical meetings constructing buildings seems not a realistic plan. It could be easily done in municipal office, Concern office, office of other PVOs working in the municipal areas or in already existing seven-ward commissioners' offices. Bangladesh have demonstrated excellent examples of community participation in health services. More than 108,000 EPI centers and satellite clinics are being successfully operated in spaces willingly given by community people since mid eighties. Even in Mymensingh municipality sharing of spaces by community people for health services has been a common practice.

Issue of motor cycles and bicycle for staff could be a point for discussion although it has the problems of recurrent cost with it. The working area for each staff is not so big (a ward) and the houses that the staff have to visit during their domiciliary work are usually so closely approximated in the municipal area that they will seldom have any scopes to use bicycles during their work.

From different evidence it seems that there was some sharing between Concern and the municipality during the process of development of the CSP proposal. Both Civil Surgeon and the chairman of Mymensingh municipality sent written request to Concern for undertaking program in Mymensingh municipality in 1997. The chairman and one of the commissioners signed the MoU for CSP in 1998. For the convenience of better understanding of CSP by the municipal staff the executive summary of the proposal was translated in to Bengali and distributed to municipal staff.

Until the meeting on July 1999, neither any of the commissioners read the documents (commissioners stated it in the meeting on August 9, 1999) nor they raised any question about the proposal. Otherwise, the issues could have been discussed much before and possible solution could be figured out jointly. Program review is an in built part of program and Concern welcomes any review so long it is important and rational.

In order for keeping the scope of further dialogue open another small committee has been formed comprising of

- The municipal secretary, currently responsible for the municipal health
- Municipal chief executive officer
- One of the municipal commissioners
- Three CSP management staff from Concern Dhaka and Mymensingh

This committee met on 22<sup>nd</sup> of August to review the existing project proposal and discussed and prepared recommendations about municipality's felt needs for CSP program for submission to USAID by September. This however proved to be a futile exercise as the same demands were put forward.

In Mymensingh it appears that the priority health service delivery problems are poor management and delegation, weak supervision, low quality of services, technical inadequacies, poor collaboration with MOHFW and other providers, low motivation among key staff members, weak health promotion and very limited focus on preventative practices or communication with client communities. There are glaring deficiencies at institutional level resulting in malfunction of all systems. Contributing to the problems is certainly a lack of clarity and acceptability regarding the new role, responsibility and functions of the municipal authority for urban health. It seems that some of the commissioners in Mymensingh will always demand for unrealistic favor as they have started such practices.

#### **6.4.2 Ward Commissioners' role in the CSP**

Commissioners are the elected representatives of municipal peoples. Concern believes that they need to be involved and understand the program for better sustenance and support to the program. Particularly it is important to involve them in the ward health committees, as they are the elected representatives for the concerned wards.

#### **6.4.3 Municipal Health Officers role in the CSP**

The role of Municipal health officer in Mymensingh is vital for the implementation of CSP. This position of Health Officer is a new position which has only functioned for the previous two years, which has in turn led to great confusion in the exact nature of its function. It must be noted that the health officer at Mymensingh has at no stage shown interest or desire to undertake his role in CSP. It can be said that he was singularly disruptive through out the whole process.

For sound progress of the program Concern decided to recruit medical doctors as CSP team leaders one for each of the municipality. The MO expressed his interest for this position. For valid reasons (i.e. municipality would have not taken it positively if Concern recruited its health officer as the CSP team leader) Concern could not agree with it. Although CSP Program Manager, arranged his participation in a regional training course on 'integration of reproductive health in CSP' in February '99 and assured all assistance for his career development, he started playing dual roles and

misleading the Commissioners. Despite repeated orientation on CSP objectives and strategy and participation in CSP meetings, workshops and training, he first raised the demands for municipal staff salary, building health centers and providing ambulances in meetings with the new chairman and translated these visible materials as the prime health needs for Mymensingh to the commissioners. Since then the MO has been maintaining a relatively low profile but using the influential commissioners for making these demands.

#### **6.4.4 Efforts made so far to resolve the problems (in brief)**

Eight formal and numerous day to day informal meetings were done with different levels of municipal staff at different times since the inception of the program. The input from head office staff was extreme to the fact that every week there was a member of staff at Mymensingh level. This was inclusive of the CSP staff already in place at project level.

Several sharing sessions were also arranged with IOCH/MSH, Urban Family Health Partnership (UFHP/JSI), local USAID officials at national level and UFHP partners i.e. Concerned Women for Family Planning (CWFP), Family Planning Association of Bangladesh (FPAB) at local level. In last 6 weeks Concern had four meetings with the USAID and IOCH/MSH. The purposes of these meetings were to keep them informed about the overall situation of the CSP implementation, confusion around CSP work in Mymensingh and solicit their support in resolving the problem in Mymensingh.

#### **7 Constraints**

The program started quite well initially in both the municipalities. Initial rapport building with relevant stakeholders was encouraging. Later on it started suffering from some political, natural and operational constraints in the late part of the semester. This area is more relevant to the progress of the program in Mymensingh and this is dealt in detail in section 6. Other important constraints are explained here briefly.

##### **7.1 Lack of clear understanding in the role of the municipal health role**

There is no Municipal Health Annual Report for 1998 (apart from a statistics sheet), and a Health Plan for 1999 is not available either. MOLGRD have provided Concern with a copy of The Pourashava Ordinance, 1997 (revised July 1998) which outlines Functions in Detail - Public Health, and municipal responsibilities in this area. A new former Civil Surgeon has recently been appointed to the Health Wing of MOLGRD who is now the link person at MOHFW for Municipality Health. This is a very recent event and has not as yet become public knowledge.

##### **7.2 Municipal Elections**

A Municipal election was held in February 1999 and takes place once every five years. Due to the increased political activities immediately before, during, and following the election, most of the development works in both municipalities stopped. In Mymensingh the disruption of the CS activities was far greater than in Saidpur. This was due to the fact that twenty-two out of twenty-eight ward commissioners, including the chairman of Mymensingh municipality, were newly elected. This led to a complete shift of the municipal cabinet from one political party to another (Bangladesh Nationalist Party (BNP) to Awami League). Concern remains a non-political organization, and these changes demanded more orientation sessions and negotiations with the new cabinet, which was time consuming.

##### **7.3 Hartals**

Another phenomenon to Bangladesh is that there are often countrywide "hartals" i.e. strikes called by the opposition to the ruling party. The whole country is plunged in to a state of non-function. These hartals can last up to 72 hours. In February 1999 there was a total of 16 days that were hartals.

##### **7.4 Natural Disaster**

The worst floods to hit the country this century began in mid August 1998 and continued up till the end of December. There has been no other disaster that had such a negative effect countrywide and lasted as long. Most parts of the country were inundated. Road communication was disrupted,

millions of people, including children, suffered from starvation, disease and lack of shelter. Most staff of Concern Bangladesh, including CSP staff, was engaged in emergency relief and medical work for a period of about four months, causing entry to the municipalities for CS activities to be delayed.

#### **7.4 Staff recruitment**

Recruitment of appropriate personnel for different core positions in the program was a major obstacle which proved to adversely affect the timing of the perceived calendar of events. Recruitment of key staff, especially the team leaders, was a major problem. Despite several advertisements in reputed national newspapers, no suitable candidates were found. This was mainly due to the difficulty of getting the right people within the budgeted salary structure, the remoteness of the CS program area (especially Syedpur - about 400 km from Dhaka) and also the disruption of communication and engagement of prospective personnel in emergency work during the flood. However, this has now been overcome with a strong professional team in place which is anticipated to be productive and ultimately make a successful overall program.

#### **8 Budget and expenditure**

A summary financial report has been appended here

CONCERN WORLDWIDE (US) INC  
CHILD SURVIVAL PROGRAMME ,DHAKA, BANGLADESH  
Contract / Award No FAO-A-00-98-00077-00

Funded by- U S Agency for International Development (USAID)  
Financial Statement for the period from September 30,1998 to September 29 1999

BUDGET CATEGORIES	BUDGET	ACTUAL	Percentage
	2 Years	1 Year	spent
	Total	Total	%
	US\$	US\$	%
a Personnel	244,384	108,940	45%
b Fringe Benefits			
c Travel	31,794	14,121	44%
d Equipment	21,495	9,794	46%
e Supplies	8,307	1,418	17%
f Contractual	52,222	5,461	10%
g Training	29,064	3,090	11%
h Other	2,975	2,015	68%
i Total Direct Charges (sum of 6a-6h)	390,241	144,839	37%
j Indirect Charges	33,053	12,267	37%
k TOTAL	\$423,294	\$157,106	37%
Federal Share	298,217	111,020	37%
Non Federal share	125,077	46,087	37%

Expenditure for the year is at 37% of the two-year budget. The reasons for expenditure being below 50% can be summarized as follows:

#### Personnel

Some delays in recruiting the full field team in Bangladesh.

#### Travel

This underspend is linked to the underspend in personnel – fewer people at the beginning of the year led to less travel by personnel.

#### Equipment, supplies, contractual and training

The process of setting up the project including building relationships with the Municipality staff has occupied much of the first year. The pace of training and other inputs would normally be expected to build after an initial phase of familiarization. This will indeed be the case in Syedpur. The budget for Mymensingh is further complicated by the stalled relationship, which in effect delayed most training and other inputs in this Municipality.

We also found that we were able to source equipment at a lower price than that given in the budget and therefore significant savings were made on this budget line.

The Bangladesh Child Survival team are currently working on a revision of budgets for year two of the entry grant which will be presented to USAID before the end of 1999. This budget will reflect a revised workplan for Syedpur and a new workplan for either Mymensingh or a Municipality chosen to replace it.

## 9 Future plans

The most important task will be to prepare and submit a detailed implementation plan (DIP) for another four years to USAID by the end of December 1999.

The first year has concentrated heavily on relationship building with both Municipalities and this is a vital role in achieving the objectives of the CSP program. The second year will however concentrate on CSP health interventions and activities. This will aim specifically at increasing significantly the number of formal training programs carried out. The Training Officer has identified in conjunction with the CSP teams - both Concern and Municipality - areas of training intervention that will take place at various times throughout year two of the entry grant.

Concern will continue to meet with the local USAID office, with IOCH/MSH and other relevant partners e.g. UFHP/JSI for their advice particularly on the issues of Mymensingh situation. It is seeking advice from USAID Washington through Concern Dublin and Concern USA. The options which are open to the future of this CSP program, are:

- Withdraw the CSP program support from Mymensingh as the municipality are refusing to authorize the undertaking of the KPC study, which is an integral and vital component to move forward with the CSP program. Concern Bangladesh however understands that to withdraw services completely from this very needy area would be unfair to the beneficiaries, who are ultimately the most important factor. A grass roots program aimed at this group will continue with Concern's own funding.
- Withdraw the CSP program support from Mymensingh and continue only with Syedpur as things are very positive over there. Then slowly, after gaining considerable learning from Syedpur in another one or two year's period, expand it to other interested municipalities.

- Explore possibilities in the municipalities who have already demonstrated their interest for such joint work. Since the KPC assessment is now going on in Saidpur, such assessment in a more elaborate form can be undertaken in one of the interested Municipalities, if USAID agrees the fund allocated for Mymensingh can be transferred to the new municipality. Along with Saidpur, this new Municipality can be included while the Detailed Implementation Plan (DIP) is prepared during October -December 1999. This option will need to be cleared with USAID. There will be many factors to consider not least of all the formulation of the DIP.

The latter is presently the favored option as it allows us to carry forward with the lessons learned from the CSP Entry Grant to date.

Continuation and progress will be aimed at the training aspect of the CSP in year two of the Entry Grant, along with other issues such as

- Finalization of the KPC survey and completion of the report by October 1999
- Finalize the Institutional Health capacity assessment report
- A new scheduling of events will be done and will be adhered to as strictly as possible
- Complete the ongoing formulation of ward health committees in both the municipalities
- Maintain and increase communication with relevant govt and non-govt agencies at national and project level

## 10 Conclusion

The program staff has made excellent efforts to familiarize the municipalities with the program. Motivation has always been high among the CSP staff. Rapport building efforts with relevant stakeholders at national and project level have been encouraging.

The positive contribution of other agencies and USAID stakeholders has been of great assistance during this first year of the Entry Grant. USAID local mission in Dhaka, IOCH and other national stakeholders have readily provided their assistance at all requested times.

Considering the amount of natural, political and operational constraints that the program had to go through, the progress that the child Survival program has made during this first year has been steadily gathering momentum. **Continuation of the CSP partnership program in Mymensingh municipality may not be possible the implementation of a KPC study and increased cooperation of the relevant authorities there**

## 11 Appendices

### Appendix-1a

#### MEMORANDUM OF UNDERSTANDING

CONCERN-BANGLADESH  
AND  
SAIDPUR, MUNICIPALITY

#### Description of partners

Concern's vision is the belief that Bangladesh's greatest resource is its people and by using participatory methods and techniques it can improve the living conditions of the poorest and support the elimination of poverty, the growth of social and economic equality and protection of the environment for the benefit of the people of Bangladesh

#### Mission Statement

The guiding purpose of Concern Bangladesh is to contribute to the elimination of poverty and work toward bringing positive and sustainable change in the lives of extremely poor people with their full and active participation

Concern has worked in Bangladesh since 1972, and is registered with the Ministry of Social Welfare and the NGO Affairs Bureau

Saidpur Municipality forms the local government administration. Municipalities are responsible for the provision of urban primary health care

Concern Bangladesh and the Municipality of Saidpur are to embark in a partnership agreement under the USAID funded CHILD SURVIVAL PROGRAM. The main components of this understanding/agreement are detailed below

#### Aim/Objective of the partnership

The ultimate aim of this partnership is to develop a sustainable and comprehensive municipality health service in Saidpur

This Memorandum of Understanding outlines the mutually agreed upon activities to be implemented by the respective parties

#### Roles and responsibilities

The partnership proposes that the technical and managerial competence of the municipality health staff, can be sustained within existing resources, through a staff training and support process in order to institutionalize specific child survival activities

#### Municipality roles

- responsible for the implementation of the project as per the approved USAID grant for the Child Survival Program

#### Concern's roles

- responsible for the institution of good technical and management practices which can endure without Concern support
- to ensure the program is implemented as per the approved USAID grant for the Child Survival Program

**Joint roles**

- develop the management capacity of the municipality supervisors through training and supervision
- develop the technical capacity of the municipality on selected child survival activities through a training, monitoring and a municipality staff support system
- strengthen the municipalities community approach through training and facilitation
- the ongoing activities will be monitored and shared/reviewed in joint meetings which will be mutually agreed on
- the program is to be carried out in accordance with the approved USAID grant, for the Child Survival Program

**Time frame of partnership**

The USAID child survival program is to commence its activities on October 1st 1998 and it is proposed to last for two (2) years from that date

This Memorandum of Understanding shall become effective and remain valid for two years from October 1st 1998 upon signature by Saidpur Municipality and CONCERN

In witness whereof, the undersigned do hereby sign this Memorandum of Understanding

Date

Date

Signature

Signature

Witness

Witness

## Appendix-1b

### MEMORANDUM OF UNDERSTANDING

CONCERN-BANGLADESH  
AND  
MYMENSINGH MUNICIPALITY

#### Description of partners

Concern's vision is the belief that Bangladesh's greatest resource is its people and by using participatory methods and techniques it can improve the living conditions of the poorest and support the elimination of poverty, the growth of social and economic equality and protection of the environment for the benefit of the people of Bangladesh

#### Mission Statement

The guiding purpose of Concern Bangladesh is to contribute to the elimination of poverty and work toward bringing positive and sustainable change in the lives of extremely poor people with their full and active participation

Concern has worked in Bangladesh since 1972, and is registered with the Ministry of Social Welfare and the NGO Affairs Bureau

Mymensingh Municipality forms the local government administration. Municipalities are responsible for the provision of urban primary health care

Concern Bangladesh and the Municipality of Mymensingh are to embark in a partnership agreement under the USAID funded CHILD SURVIVAL PROGRAM. The main components of this understanding/ agreement are detailed below

#### Aim/Objective of the partnership

The ultimate aim of this partnership is to develop a sustainable and comprehensive municipality health service in Mymensingh

This Memorandum of Understanding outlines the mutually agreed upon activities to be implemented by the respective parties

#### Roles and responsibilities

The partnership proposes that the technical and managerial competence of the municipality health staff, can be sustained within existing resources, through a staff training and support process in order to institutionalize specific child survival activities

#### Municipality roles

- responsible for the implementation of the project as per the approved USAID grant for the Child Survival Program

#### Concern's roles

- responsible for the institution of good technical and management practices which can endure without Concern support
- to ensure the program is implemented as per the approved USAID grant for the Child Survival Program

**Joint roles**

- develop the management capacity of the municipality supervisors through training and supervision
- develop the technical capacity of the municipality on selected child survival activities through a training, monitoring and a municipality staff support system
- strengthen the municipalities community approach through training and facilitation
- the ongoing activities will be monitored and shared/reviewed in joint meetings which will be mutually agreed on
- the program is to be carried out in accordance with the approved USAID grant, for the Child Survival Program

**Time frame of partnership**

The USAID child survival program is to commence its activities on October 1st 1998 and it is proposed to last for two (2) years from that date

This Memorandum of Understanding shall become effective and remain valid for two years from October 1st 1998 upon signature by Mymensingh Municipality and CONCERN

In witness whereof, the undersigned do hereby sign this Memorandum of Understanding

Date

Date

Signature

Signature

Witness

Witness

## Appendix 2

### PLA for Child Survival

Concern Bangladesh 22/6/1999

#### Primary objectives

- For social preparation of mothers groups in Saidpur - in order to firstly raise awareness and sensitize women regarding the Child Survival Program, and to secure their support
- To facilitate mothers to *identify their capacities and resources* for child health in the home
- To facilitate mothers to *identify their constraints* for protecting children's health, and to explore causality and consider the effects of identified constraints
- To identify the *priority health problems* of children and off mothers To learn about mothers *health seeking behavior* in urban Saidpur
- To increase *demand for better quality* MCHC health services in Saidpur

#### Secondary objectives

- To improve Child Survival Team *targeting* in order to reach the most vulnerable mothers and children in Saidpur urban area
- To initiate a *client led community health promotion* process
- To determine key interest health topics for mothers of young children
- To strengthen Child Survival team skills in PLA methodologies which can be shared with other health workers and volunteers for conducting future collaborative PLA s in all Wards
- To contribute towards Strategy No 3 of CSP strengthening of the Municipality's community approach
- If possible program schedule over 3/4 sessions - mornings or afternoons according to mothers free time
- Sessions do not have to be at the same time each day
- Agree on a location
- Agree on a meeting time

#### Session A

1) Greet the mothers

Present team members

Explain the CSP goal, purpose, strategies and interventions

Clarify the objectives of the 3/4-session PLA exercise for all

Outline the program for each session

- Explain that we the Concern CS Team are learning and searching for the best/most appropriate ways to work together as partners in an effort towards strengthening the Municipal Health Department and improving urban communities capacities for better child and mother's health status in Saidpur - by long term development and sustainable approaches
- Form smaller groups -
- 5/6 mothers in each group
- 1 female facilitator and 1 recorder allocated to each group

2) Ask mothers to identify their capacities and resources for protecting children's health in the home

in their community  
remember people/skills  
remember health facilities

3) Ask mothers to identify their constraints for protecting children's health, to explore causality and to consider the effects of identified constraints

- 4) Identify the main child Health Problems  
Prioritize problems by ranking method  
 When does the most serious problem occur?
- 5) Do cause analysis of the priority health problem with each group
  - Brainstorm about possible causes and effects
  - draw a problem/causal tree
- 6) Who are the most vulnerable children in the community?

### Session B

- 7) Each woman to make a personal health historical profile from 1999  
 Back main health events in each woman's life e.g. major illnesses, accidents, deliveries time spent with TBA/healer, in hospital, major health bills etc
- 8) What is/has was their personal priority health problem?
- 9) Do cause analysis of the group's priority woman's health problem  
 brainstorm about possible causes and effects draw a problem/causal tree
- 10) Conduct a wealth ranking exercise in terms of health -  
 Identify indicators for women poor / rich in health status in terms of living in Saidpur urban area
- 11) Who are the most disadvantaged women in the community?  
 Why?  
 How can the CSP best reach these women?

### Session C

- 12) Who do mothers first seek advice from if they or one of their children is sick?
- 13) When do they decide to go for formal health services?  
 Who decides in their household?
- 14) Where do they usually go for formal MCHC health services?

### EPI

- 15) Is their last child fully immunized?
- 16) Is the EPI service serving them well?  
 How could it be improved from their point of view?

### Safe delivery

- 17) Who delivered their last baby? Where?
- 18) How could delivery services be made safer in Saidpur?

### Health Promotion

- 19) What health problems are they most interested to increase their knowledge on?  
Prioritize by ranking method
- 20) Regarding the top 3 problems, exactly what questions do they want answered, or what new skills do women want to learn to prevent or if possible treat the problem at home?

- 21) Who do they best like to receive health information from? How?  
What methodologies?  
When is the best time to meet with them?

#### Session D

- 22) Are mothers aware of Saidpur Municipal Health Department's responsibilities under Paurashava/MOLGRD?
- 23) How can Municipal health services be improved from their point of view?
- 24) Reminding mothers of the CSP goal, purpose, strategies and partnership with the Municipality Health Department, what advice do they have for the CS team to best assist us to achieve our objectives?
- 25) How can we best work with urban communities to increase child survival in Saidpur?

Report back to the entire group on events, findings and the priority child and mothers health problems that have emerged from the previous sessions  
Is anything being done about the health problems currently?

What actions can be taken on a personal/family/group/community/ municipality level to address the priority problems that have been identified?

What is being proposed in terms of community health promotion?

- Give feedback on the three sessions
- Receive feedback on procedure and topics discussed during the sessions, methodology tools and ranking techniques used
- Document ideas and recommendations of the group
- Clarify any misunderstandings
- Summarize conclusions

#### Careful planning

- Set clear objectives for a PLA
- Organize resources/materials/transport necessary for to conduct and document the 3/4-session exercise Make it colorful and dynamic Use boards, colored drawings, display map
- Allocate and share responsibilities within the CSP Team
- Allocate time after each session for recording and verifying information, reviewing the process and for planning the subsequent session
- Translate the executive summary of the PLA Report to Bangla for the group of mothers
- Calendar a time for FT feedback and follow up

*All families in Saidpur urban area have a right to basic quality health care and health information to protect the health of family members*

*Each Concern Municipality Child Survival Team member has a responsibility and a role to play in helping to achieve this goal*

Appendix 3

Report

On

Refresher course on EPI and Vitamin A

For

Saidpur Municipality staff  
And  
Concern CSP staff

10-13<sup>th</sup> May 1999

Prepared by *Dr A K M Musha*  
Training Officer  
Health and Nutrition Dept  
Concern Bangladesh

Course title Refresher course on EPI and vitamin 'A'

Venue Concern Training Hall at Saidpur

Duration 10-13<sup>th</sup> May 99

Time 9A M - 5 P M

## Participants

21 health staff including 1 supervisor of Saidpur municipality participated in the training 5 field trainers of Concern also participated. The list of participants is attached in Annex I and Annex II

Facilitators Sk Junaed Ali  
Dr A K M Musha

## Introduction

The Child survival program (CSP) is a capacity building and partnership program, with two municipalities (Saidpur and Mymensingh) to develop the technical and management competence of the municipality health staff, through staff training and facilitation, in order to institutionalize specific child survival activities which can be sustained within the municipalities existing resources. This training course was organized for the Saidpur Municipality health staff and Concern's field trainers. It was a refresher one as they already have the basic training on EPI and vitamin A.

## Objectives

### EPI

Participants will be able to provide effective EPI service by

- 1) Maintaining cold chain properly for all sessions
- 2) Maintaining correct sterilization procedure for all sessions
- 3) Administering correct dose using correct techniques
- 4) Maintaining records properly

### 1 Vitamin 'A'

Participants will be able to

- 1) Provide Vitamin A as per GOB schedule during EPI sessions and Vitamin A campaign
- 2) Identify and treat vitamin A deficiency

## Course content

### EPI

- EPI in Bangladesh
- Basic features of vaccine
- Immunization schedule
- Cold chain
- Sterilization
- Vaccination technique
- Side effects
- Record keeping
- Vaccinations follow up procedure

### 2 Vitamin 'A'

- Vitamin A deficiency - a public health problem
- Types and causes of vitamin A deficiency
- Case management
- Prevention of Vit A deficiency

## EPI and Vit 'A'

- Community participation
- Communication

### **Methodology**

Training was fully participatory. Methods used for training were mostly discussion. Besides this, group work, demonstration, exercise, games and role-play were also used. Participants were very responsive and enthusiastic throughout the training period. Field trainers of Concern also attended the training and their role was to help the participants during group work, games and role-play as planned before. The objective of their involvement was to increase the acceptability of field trainers so they could follow up the training at field and provide support for good practice.

### **Media used**

OHP, white board/marker, slide projector and during demonstration all the instruments used for vaccination.

### **Evaluation**

Training evaluation was done by the participants and most of them were highly satisfied and expressed their interest to attend other training courses related to their job for further development.

### **Training follow-up**

Field trainers of Concern will follow-up the training and provide support to institutionalize good practice under the guidance of team leader.

### **Problems encountered**

The number of participants was too large to facilitate 100% participatory training. As the participation of the trainees was so much, it was hard to maintain time schedule. It was overcome by making the breaks short and also by keeping training run after 5 p.m. where it was needed with the full consent of the trainees.

### **Conclusion**

The training was a success in two aspects. Trainee's participation was excellent and they were very interested in learning, and secondly we have been able to place our field trainers in a valuable role as partners with the municipality staff.

### **Acknowledgement**

I would like to thank Training unit specially Junaed for his contribution in every step of the Training. I also like to thank Mr. Amzad Hossain Sarker, chairman of Saidpur municipality with all commissioners and Dr. Azizur Rahman, THFPO of Saidpur for their great co-operation. I acknowledge the excellent support from Mr. Bijoy and also from Dr. Rafique and his team. Finally thanks to all participants who made the sessions so successful.

#### Appendix 4

### CONCERN BANGLADESH

#### Capacity Building for Child Survival in Mymensingh and Saidpur Municipalities

#### KAP - FGD with Community Health Volunteers/TBA's

#### Objectives

- To sensitize, orientate and secure their support for the Child Survival Program in Saidpur
- To increase Child Survival Team understanding regarding volunteers/ TBA s role, functions and responsibilities in they re urban communities
- To increase Child Survival team understanding regarding volunteers/ TBA s capacities and constraints for working in their communities
- To learn about their support structure and informal supervision system
- To assist the Child Survival program to target vulnerable families and underserved groups in Saidpur urban area
- To learn about their Knowledge, Attitude and Practice in relation to IMCI components of the CSP ARI, diarrhea, malnutrition and the six EPI preventable diseases
- To identify possibilities and areas for positive collaborative action in terms of the Child Survival Program
- To determine Community Volunteers/TBA s priority training needs for strengthening community health promotion

#### Additional Questions for TBA's

- Who supports them most?
- What is their full role in community health care?
- How can we identify other practicing (untrained) TBA s and communicate with them?
- Is there a chief TBA?
- Who supervised them? Who do they report to?
- What are the biggest problem women face at delivery in Saidpur?
- What is the biggest problem TBA s face at delivery?
- Where do TBA s refer delivery complications in Saidpur?
- What type of complications do they refer?
- Do they know of any woman who became very sick or even died from childbirth complications during the past year? What happened?
- Do TBA s do any community health promotion?
- How many of them have had training course?
- How many of them have had a refresher training?
- What are their current training priorities?

## Appendix 5

### ODU CONTRACT

*A contract is required for all work undertaken by ODU (Organizational Development Unit) on behalf of a program or for the organization as a whole. This contract must be submitted to the CD at least one month prior to the start of the work.*

**Contract Title CSP IHCA in Saidpur and Mymensingh Municipality  
Health Department**

*Level of Intervention (Organizational/Program/Project) Program*

*Start of contract 10 August 1999*

*Length of contract 8 weeks*

*ODU staff member(s)*

#### 1 Background to the work

Health and Nutrition Program wishes to conduct two Institutional Health Capacity Assessments (IHCAs) for its Child Survival Projects (CSP) at the community level within its working areas first in Saidpur and then in Mymensingh municipality. Saidpur IHCA will be completed by 30 September 1999

The Health and Nutrition program of Concern Bangladesh has launched two Child Survival Projects (CSP) in Mymensingh and Saidpur municipal areas in partnership with the respective Municipalities

The goal of these projects is to develop a sustainable and comprehensive municipality health service system in the said municipalities

The objective of these initiatives is to strengthen capacities of the municipalities to deliver specific child survival activities which are of good quality and would be sustained within the existing Municipality /MOHFW resources

The purpose is that after completion of the projects municipal authority will be able to take the leadership in this regard and take the challenge to overcome the limitations

#### 1 Goal

The goal of IHCA is to know baseline information on Institutional capacity of municipalities' health departments through identifying strong and weak areas in order to use those for uplifting their capacity and to contribute to monitoring, midterm and final evaluation/ To contribute towards (Strategy No 1 of CSP) strengthening of the Municipality's management capacity

#### 2 Objectives

- To assess current institutional health capacity for delivery of municipal services
- To facilitate municipal health staff to identify constraints and problem priorities at the institutional level
- To determine priority training needs and to consider other appropriate actions for institutional health strengthening at municipal level
- To identify organizational capacity (OCI s) for Saidpur and Municipal level health department separately
- To provide a baseline for follow-up Institutional Health Capacity Assessments which will contribute to mid-term and final evaluations

**3 How does this work contribute to our objective of reaching more people who are vulnerable or living in absolute poverty?**

CSP aimed at providing better health services to all people of the municipalities. This work will contribute to Concern's objective of reaching more people who are vulnerable or living in absolute poverty through discussing with the respective people on maximization of municipal resources for all of the municipal people specially for those who are marginalized, underserved and disadvantaged.

**4 Which of the following process objectives will be addressed?**

Advocacy  Capacity Building  Participation  
 Emergency Preparedness and Response  Gender  Learning

**6 Which of the following management and organizational development objectives will be addressed (if any)?**

Organizational Structure  Organisational Development  
 HR Development and Training  Financial Framework

**1 State briefly how these objective(s) will be addressed?**

As the CSP implementing strategy is used the followings,

- Develop the management capacity of the municipality of the municipalities in terms of Human resources Information system, Reporting –Supervision, Monitoring and Evaluation, execution and co-ordination etc system
- Develop the technical capacity of the municipalities through training, facilitation, mentoring and staff support system
- Strengthen the municipality's community approach by establishing a stronger community involvement aim at maximizing existing health resources in the municipalities. Traditional Birth Attendants (TBA) and Community volunteers will be selected and trained and made a linkage with the health resources and municipal health workers

To address the process objectives and organizational development objectives discussion will be arranged with respective people in knowing how municipality health management capacity can be improved. Changes will be made of the health department's present structure for effective results as per the findings of the assessment and subsequent accomplishment on municipality health organizational development will be done.

**2 How does this work contribute to a specific program strategy? (for program and project level interventions only)**

Health and Nutrition Program's broader strategic issues are Partnership, Ensuring participation, Reaching more people, Capacity building, Learning, Improving Competencies and Ensuring Gender. The IHCA works will contribute to all of these program issues.

**9 What are the final products (e.g. reports, presentations, and manuals, training designs, strategic plans)?**

Reports added with some suggestions /recommendations to identify program priorities focusing on their constraints and way to ensure a developed municipality health department.

## Appendix 6

### AGREEMENT BETWEEN CONCERN-BANGLADESH AND ACPR FOR KPC BASELINE SURVEY

Concern Concern is an international non-government development organization Its Bangladesh head office at house 63,road 15A,Dhanmondi R A , Dhaka

ACPR Associates for Community and Population Research (ACPR), having its office at 3/10, Block -A Lalmatia, Dhaka -1207 is a reputed social research organization in Bangladesh

#### 1 Background Information

Concern Bangladesh Health and Nutrition Program is to conduct two baseline surveys on the existing status of Knowledge, Practice and Coverage (KPC) on specific child and maternal health components in its Mymensingh and Saidpur municipal working areas The Health and Nutrition program of Concern Bangladesh has launched two Child Survival Projects (CSP) in its Mymensingh and Saidpur working areas in partnership with the respective Municipalities

The goal of these projects is to develop a sustainable and comprehensive municipality health service system in the said municipalities

The objective of these initiatives is to strengthen capacities of the municipalities to deliver specific child survival activities which are of good quality and would be sustained within the existing Municipality /MOHFW resources

The purpose is that after completion of the projects municipal authority will be able to take the leadership in this regard and take the challenge to overcome the limitations

The entire population of the above municipalities is the beneficiaries of these projects Thus is the survey population

#### 2 KPC survey objectives

1 To obtain baseline information on Knowledge, Practice and Coverage from mothers of children less than 24 months related to the interventions that are planned for the Concern - Municipality Child Survival Programs in Mymensingh and Saidpur

- i Expanded Program on Immunization (EPI)
- ii Vitamin ' A' Supplementation
- iii Integrated Management of Childhood Illness (IMCI) - Diarrhea, ARI, Malnutrition (1 week - 5 years)
- iv Safe Delivery initiative (women 15-49 years)/birth spacing awareness

2 To raise awareness and increase understanding among child survival teams regarding Mothers capacities and constraints for protecting children's health

3 To sensitize and orientate families and stakeholders regarding the proposed child survival Programs

4 To disseminate and share findings for collaborative action

5 To provide a baseline for follow-up KPCs which will contribute to mid term and final Program evaluations

### 3 Survey methodology and sample size

The proposed baseline surveys will be based on the quantitative research technique. Structured interviewing schedules are to be used for conducting face to face interviews with the sample mothers. The methodology of the survey is on the WHO developed 2 stage 30 clusters sampling (for this survey only 1 stage sampling, that is selection of clusters/mohollahs and then random selection of direction, lane and first household) procedure. From each cluster 14 mothers of aged between 15-49 years who have a child of less than 24 months will be interviewed. 7 of the interviews will be conducted with mothers who have a child of age between 12 and 23 months so as to estimate child vaccination coverage. And the other 7 interviews will be conducted with mothers having child of aged between 0-11 months. Therefore a total of 420 samples will be interviewed from each of the program areas.

- the age range of children aged 12-23 months for evaluating the immunization coverage among children against the six target diseases, and
- The age range of children aged 0-11 months for evaluation the Tetanus Toxoid coverage among their mothers and whether children were protected against neonatal tetanus at birth

### 4 Questionnaire

The interviewing schedule of the survey is based on the USAID guidelines for the KPC survey which has been adopted in line with the components selected for the Concern Bangladesh Child Survival Program. KPC Trainer's Guidelines will be used for all stages of the work.

Concern Bangladesh will provide the English questionnaire. Translating in Bangla, pre-testing and finalization of it will be done by the research organization in consultation of Concern Bangladesh. Manual for the questionnaire will be developed during the training to be provided to the interviewers and supervisors.

### 5 Training

The research organization will recruit surveyors. And the following persons will be included in the training from each municipality:

Interviewers	6 persons
Supervisor	1
Research Assistants (Concern)	2
Municipality staff	2
(One each from Mymensingh and Saidpur)	

Research Officer of Concern Health and Nutrition program will facilitate training among others. Research Assistants and Municipality staff will orient other members of their teams back in their respective municipalities.

### 6 Field work

Data collection work will be conducted over 10 days (5 days in each city) first in Saidpur and then in Mymensingh. A team consisting of 6 interviewers will work. 84 (14 X 6) interviews will be conducted each day and 5 clusters will be covered. One Municipality staff and one Concern staff will accompany each interviewer. The respective municipal person will be working as a guide to contact for the mother for the interviewer in his/her designated work areas. Interviewer to ask questions and record answers while Concern's person will assist interviewer and monitor the process each day and provide feedback to survey team leader/supervisor, Municipal authority and to the respective research assistants. Survey fieldwork to be planned in accordance with EPI schedules and work timetables of the municipal health staff. Mothers must be well informed about the objective and purpose of the survey before interviewing.

## 7 Analysis of the findings

Analysis of the data will be according to the need and within the scope of the research design. Presentation of findings will be as per the indicators selected in the questionnaire and objective of the study. Attachment 1 and 2 detailed the tables and other appendixes /attachments should be included in the survey reports.

## 8 Time frame and reporting schedule

The research organization will submit a Detailed Action Plan within a week of signing the contract. Two different reports—one each for Saidpur and Mymensingh will be produced. Differences in the presentation and distribution of findings as per the local context and outcome of the survey are highly expected.

The draft copies of the reports will be provided within 18 September for feed backs from Concern - Bangladesh and the final reports must be submitted by 30 September 1999.

Databases will be developed and data will be entered using any advance statistical software program. The final report should come both in hard form and soft/diskette with copy of source data so as to build a database for further analysis.

## 9 Terms and conditions

- 1 The survey work shall be done as per this agreement signed between Concern Bangladesh and ACPR.
- 2 The agreement shall come into force immediately after the contract signed and shall remain valid until the final completion of the job or canceled by the employer.
- 3 The quality of the reports (especially English standard) shall be as per specification given by the employer (CARE's KPC report) as well as samples submitted by the survey organization and approved by the employer.
- 4 The draft reports should be sent to Dublin to the Health Backstop of USAID Child Survival Program and necessary correction and insertion will be made by the research organization as per the feed backs received from her.
- 5 Concern Bangladesh will have access to supervise and monitor the research work at any stages of field work, data collection, editing, data entry, processing and report writing.
- 6 If, for any reasonable circumstances the survey authority faces problems in completing the work as per schedule, the survey/organization should inform/ discuss this with Concern Bangladesh at the earliest possible time.
- 7 If, the employer face any problem in conducting the research work or delaying in implementing field work/data collection should inform the research organization and necessary steps will be taken following subsequent discussion between the both parties.
- 8 The income taxes for the survey work shall be borne by the survey organization and will be deducted from the source as per the regulation of the Peoples Republic of Bangladesh.
- 9 The employer shall make the payment from Concern Bangladesh head office, Accounts Department in Bangladesh Currency (Taka) through A/C payee Check. Attachment 3 details the breakdown of the budget.
- 10 The employer shall provide 50% of the total survey cost to the survey organization after signing the contract for running bill, and the rest 50% payment shall be made only on ensuring receipt of final reports by the employer.
- 11 Concern Bangladesh reserves the right to cancel the agreement or demand demurrages/impose penalty if there any malpractice or misappropriation found in any stages of the whole process, if not the research report found to the agreed standard level or if the survey organization fails to deliver the reports as per agreed schedule.
- 12 The terms of agreement shall be governed by the Laws of the land i.e The Peoples Republic of Bangladesh.

13 The budget for the KPC survey in Saidpur and Mymensingh is shown below

Category	Amount(in Taka)
KPC survey in Saidpur	1,75,000 00
KPC survey in Mymensingh	1,25,000 00
over all preparation of reports	1,00,000 00
Total cost	4,00,000 00

Appendix 7

Workshop on Development Strategies toward Urban Poverty Reduction Cooperative Efforts of  
Saidpur Municipality and CONCERN Bangladesh

*Implementing Agency*

CONCERN Bangladesh

*Technical Support Agency*

PIACT Bangladesh

## ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CSP	Child Survival Program
GO	Government
HIV	Human Immunodeficiency Virus
LGED	Local Government & Engineering Department
LGRD	Local Government & Rural Development
NGO	Non-governmental Organization
PIACT	Program for the Introduction and Adaptation of Contraceptive Technology
PSU	Project Support Unit

## 1 Introduction

CONCERN Bangladesh (hereafter called CONCERN) has been working in Saidpur since 1973-74. From the very beginning, relationships between CONCERN and Saidpur Municipality have been very close as partners. This can be made closer in the course of new programs with better understanding of the needs as perceived by the Chairman and the Ward Commissioners of the Municipality. Therefore, both CONCERN and the Municipality of Saidpur are looking for more opportunities to develop such understanding.

The past activities of CONCERN in Saidpur progressed through several phases varying in nature i.e. relief and feeding, education and training to women, community development through group development, and maternal and child health care.

Poverty is widespread in the locality. CONCERN's focus has consistently been the poorest of the poor in the Municipality. Health of the poor is recognized to be a critical issue. Thus poverty reduction with a special focus on health issues and specific to child survival has been taken up by CONCERN as its thrust area for the coming years. Strategies are to be formulated in this regard and it is felt that more opinion sharing is needed toward that end. An agreement between CONCERN and the Municipality has been signed to work on a partnership principle in the area of child survival. CONCERN wishes to undertake work in consideration of the needs of the target group - the poorest of the poor. The Commissioners are the elected representatives of people. Therefore, their opinion, perception and experiences are important to be considered in the process of planning and developing strategies.

Along this line of thinking CONCERN has organized a workshop of the Chairman and the Commissioners of Saidpur Municipality on 28-30 September in Dhaka. The workshop sessions have been held in CARITAS Training Hall. PIACT Bangladesh has provided technical assistance in organizing the workshop. 16 Ward Commissioners along with their Chairman have attended it. [List of the participants can be seen in Appendix-I]

## 2 Objectives of the Workshop

The objectives of the workshop have been to

- i orient the Municipal Chairman and the Commissioners about their roles and responsibilities,
- ii strengthen the capacity of the Commissioners (elected representatives) to effectively deliver health services to the urban community,
- iii clarify the scope of work for the Commissioners in regard to development and particularly poverty reduction, and
- iv strengthen the capacity of the Municipality in establishing effective partnership with CONCERN and in having the Child Survival Program (CSP) sustained.

## 3 Methodology

The methodology in overall terms has been participatory in nature. Thus participants have had the maximum opportunity to speak on various questions and issues. Subject experts, that is, resource persons, have facilitated the sessions. Thus discussion and question-answer techniques have been the key features of the workshop methodology. Furthermore, small group discussions (two groups) have been held on the third day. The groups have worked separately on five questions, which have allowed them an opportunity for doing exercises in planning process. The questions/issues have been the following:

- I Identify the difficulties/limitations that your Municipality is confronting, in order of priority.
- II What would you recommend, in order to increase the capacity of your Municipality?
- III What are the health problems in your Municipal area? State them in order of importance?
- IV What can be the joint responsibilities of CONCERN and the Municipal Authority in seeking to solve the health problems?
- V State the measures to be adopted too effectively implement the child survival program (CSP).

At the end of the group discussion session, each group has presented the output of discussion, and a general discussion in a plenary session has followed the group presentations, to firm up the findings and recommendations of the group discussion sessions.

## 4 Workshop

### 4.1 Inauguration

The Country Director of CONCERN BANGLADESH and the Director, PIACT BANGLADESH has attended the inaugural session. The Country Director of CONCERN, in his address, has recalled the history of CONCERN's activities in Saidpur beginning in 1973. Since then CONCERN has been pleased to have the cooperation from the Saidpur Municipality. Now CONCERN has further opportunities to strengthen cooperative relations. The present workshop can bring immense benefit to the Municipality as well as CONCERN by clarifying their respective roles and shared responsibilities.

The Director of PIACT Bangladesh, in his address, has drawn the attention of the Municipal Chairman and the Ward Commissioners to their status of being the elected representatives of people in the urban locality of Saidpur and their responsibilities in their constituencies. He has expressed his hope that the present workshop is an opportunity through which the Commissioners will have increased their capacity to serve better their constituencies and the Municipality as a whole. He has thanked CONCERN as well as the Saidpur Municipality for having PIACT Bangladesh a partner in the exercise of conducting the workshop.

### 4.2 Workshop Sessions

All the participants have met in five plenary sessions, in addition to the small group session and the concluding session. The plenary sessions have been facilitated by resource person(s) or panel discussants dealing with urban problems, poverty as a problem of particular attention, GO-NGO collaboration, Commissioner's role in coping with the problems, functions of municipality responsibilities and authorities of Chairman and Commissioners, dynamic leadership and management aspects in Municipal administration, CONCERN's vision and the nature of work particularly in the northern region, new approach in program (partnership) and the CSP model in Saidpur.

The highlights of the plenary discussions are presented in the paragraphs to follow.

#### 4.2.1 Emerging Urban Problems

**Poverty** An important feature of discussion on this theme has been that the urban problems are to be seen in cause-effect sequence. It has been noted that there has been a heavy influx of population in urban centers, as people migrate in large numbers in search of a living. Consequently the Municipality experiences the problem of shelter, slums grow at a rapid pace. According to the participants, employment opportunities in villages could have prevented the growth of slums. Concentration of poor in urban areas is responsible for many other problems that affect the quality of life. Discussion has specifically been with reference to sanitation and health, education, shelter, crimes, traffic management, waste disposal etc. It has been observed that the past relief efforts of the Government as well as non-government agencies encouraged people to look for more of relief. The participants have commented that CONCERN should have spent money for employment instead of giving away relief.

**CONCERN authority has clarified that CONCERN provides relief only when there is any disaster/emergency situation to save lives and since long it has been focusing on health and development works**

#### - Health Sector Problems

Municipality has a role in preventive health service, as per the mandate for the Municipal authority. But the Commissioners acknowledge that they are not quite aware of their role in regard to health provision. They admit that health indicators are to be within the familiarity of the Commissioners, as health for all is the declared policy of the national government. However they say Municipality does not have the necessary capacity to keep the city clean and hygienic. It is then understood that all possible sources of services and facilities are to be utilized, and that health education is important as a preventive health service.

## **Municipality Management Problems**

Discussion has brought the following problems into sharp focus

- m The Commissioners feel that their responsibilities are not defined. Moreover, they have not been made aware of the scope of work of the Municipality as laid down in the local Government Ordinance
- m Municipality is by mandate an independent body, but in practice rigidly controlled by the government. Bureaucratic control is often excessive
- m Local government is a socio-political organization. It has the responsibility to deliver services including sanitation and health services. But its resources are too limited to arrange and deliver services
- m Municipality has financial crisis. Tax collection is insufficient. According to the rules, Municipal authority can take action against those who do not pay tax, but action is not taken as this could depopulate the Commissioners. The Commissioners do not wish to take risk in losing voters
- m The railway authority at Saidpur does not pay tax. Railway owes a stupendous amount of tax. The Municipal authority cannot compel the Railway authority to pay tax. A ministerial level decision in this regard is necessary
- m The government grant is always meager for the municipality

## **4.2.2 Recommendations**

◆ **Measures** The measures recommended to be undertaken in the face of the problems are the following

- m Those who are big landowners or own large amount of wealth are to be given bank loan and encouraged to establish industries in villages as well as in Saidpur
- m Saidpur has potentials for small industries, as many people have experience and skills. Traditional craftwork should be assisted to survive and grow which will widen employment opportunities
- m Government policy can be made supportive to the growth of small industries. Local government can take initiative to promote small industries in the locality
- m Saidpur has many water reservoirs, which can be turned into fish farms. CONCERN may consider to support this which will increase employment opportunity
- m Women's development programs are to be strengthened. CONCERN's support in this regard can bring about a positive change
- m Ward Commissioners should be introduced to women's group for better liaison
- m Women's craftwork and their skills should be retained and further improved through training. Entrepreneurship among women can be encouraged with CONCERN's support (technical and financial)
- m Municipality and CONCERN jointly should undertake development programs. Municipal staff and Ward Commissioners need to have increased capacity through training, orientation and workshops. Joint exercises like the present workshop between CONCERN and Municipality should be continued
- m Visit to other countries (e.g. Philippines) with good model of local government should be arranged for the Chairman and the Commissioners

### • **Strategies**

- m Address women, who are usually the most vulnerable and poorest of the poor
- m Move towards bastees (i.e. slum) with developmental approach
- m Get the government to release *khas* land (i.e. unutilized government land), railway property and abandoned properties to be owned by the Municipality for its revenue generation
- m Involve the civil society in health sector development through awareness raising and motivation by the Commissioners
- m Put stress on group development, and form Committees/Ward Committees
- m Take one Ward as a model and develop it and then replicate the model
- m Train Municipal staff to have a lasting effect on municipal administration
- m Introduce budgetary control for best use of resources
- m Increase revenue generation efforts and sources
- m Increase coordination among different NGOs, government functionaries and Municipal authority
- m Municipality should do a mapping of health resources -- all relevant delivery agencies
- m NGO Affairs Bureau is to urge NGOs to pay attention to preventive health aspects in the Municipality and avoid duplication in geographic coverage or service provisions

## **5 Findings of Group Discussion Session**

During the group discussion session Ward Commissioners have worked in two groups, each group comprising eight members. The Chairman has moved between two groups. Each group has worked on five specific questions. The findings are stated below.

**1 Limitations/Difficulties of Municipality, in order of priority**

<u>Group-I</u>	<u>Group-II</u>
Dual administration - Municipality and Government	Dual administration
Lack of Government cooperation in collecting tax	Urdu speaking people living in camp
Government grants declining	Lack of Government cooperation in collecting tax
Municipality's plan curtailed by the local Government Ministry	Declining Government grant for development work
Sources of revenue for the Municipality very limited	Lack of precise knowledge of the elected representatives of people about how to fulfil their responsibilities
	Administrative problems posed by bureaucracy

**2 Recommendations of the participants on how to increase the capacity of Municipality**

<u>Group-I</u>	<u>Group-II</u>
Establishing coordination mechanism for all the agencies (government and NGOs) working within the Municipal area	Municipality is to be able take effective steps to collect tax revenue from all the government institutions within the municipality
Municipality to have absolute power to realize tax	Proper implementation of the Municipal ordinance
All complex bureaucratic processes to be removed	Making people aware of the authority of Municipal Council

**3 Health Problems in the Municipal Area in order of importance**

**Group-I**

**Group-II**

Open latrines and drains

Unplanned drainage system

Absence of health servicing centers

Presence of service latrines (not sanitary)

Absence of knowledge among people

Urgent need for anti-mosquito services

High mortality among pregnant women in the absence of care facilities

Growing incidence of drug/alcohol addiction

**4 Joint Responsibilities of CONCERN and Municipality in Combating Health Problem**

**Group-I**

**Group-II**

Taking all necessary measures to raise awareness among the masses about health and hygiene

CONCERN and Municipality to jointly decide the steps in regard to health problems

CONCERN and Municipality to take joint efforts to install sanitary latrine

CONCERN and Municipality to jointly undertake efforts for establishing a 50- bed modern hospital with the cooperation from other interested bodies

**5 Measures Recommended for Making CSP Effective**

**Group-I**

**Group-II**

Training to be organized on a regular basis on various aspects jointly by CONCERN and Municipality

Ward level health Committee to be constituted and made active

Joint efforts to be taken to overcome economic problems

Imam, Teacher, Mohalla Leader Club, Association and NGO to be linked to CSP

Ward level committees to be made more active and continuously operational

Wide publicity to be organized on the activities of CSP

Steps to be taken to make people more informed about CSP

## 6 Evaluation of the Workshop by the Participants

Before the closing of the workshop the participants have had an opportunity to assess the workshop by responding to four questions. The assessment has been intended to briefly ascertain what the participants got to know through the workshop, what they missed (although expected), and feeling about their participatory role and the facilitation. Responses have been tabulated and may be seen in tables 1-4 below.

It would appear from the responses that the Municipal Ordinance, scope of developmental work, role and responsibilities of the Commissioners, CONCERN's work in general and CSP model in particulars, health issues and poverty have the major aspects which have come through the discussions and presentations. More details of Municipal Rules should have come through, as the participants expected. Similarly, some of the participants expected to know more detailed plan of CONCERN on health issue, but there was not enough discussion on it. Also, some expected to know more of the details of the responsibilities of the Municipality at the Ward level and the details of health problems.

The majority of the participants have got the feeling that they have had enough opportunity to participate during the workshop, while the remaining others have had somewhat.

Regarding the quality of facilitation/presentation by resource persons (discussants) as many as 13 out of 15 participants have given very positive remarks. Some (3) have observed that it would have been better to have more discussants.

Table-1 Specific aspects that the participants could get to know about through the workshop

[Multiple response]

Aspects	Frequency (n=15) *
Knowledge on poverty	4
Municipal law/rules	10
Scope of developmental work, limitations role and responsibility of commissioners	9
Role and scope of work of CONCERN in Bangladesh	5
Details about CSP	5
Health Issues	6
Resolving the problems of Saidpur by joint efforts of Municipality and CONCERN	2
Health care of mothers and children	2
Knowledge on six vaccines for children	2
Knowledge on physical infrastructure	1
Personal knowledge on various issues	1

\* A total of 15 participants were present in the last session.

Table-2 Specific aspects that the participants did not get to know although they had expected to know

[Multiple response]

Aspects	Frequency (n=15)
Details of Municipal rules	8
As a local government institution, what a municipality can or cannot do	1
What the municipality can do in order to face the direct interference by the Ministry	1
Municipal rules from legal point of view	1
Detailed plan of CONCERN about health problems	4
Details of issues dealt with (because of time limit)	4
Responsibilities of women commissioners	2
Building a society free from poverty and adult illiteracy	1
The fatal disease HIV/AIDS	1
Responsibilities of Municipality at ward level	3
Details of health problem	3
Limits of authority and power of Commissioners	2

Table-3 Whether the participants had enough chances to state their views

Chances available	Frequency (n=15)
Yes, enough	9
Yes, somewhat	6

Table-4 Comments on the discussion/facilitation by the discussants

Comments	Frequency (n=15)
All the discussants performed fine	13
It was necessary to have more discussions about municipal rules by Mr B R Chowdhury	2
Discussants were few in number	3
Many issues have been known through the discussants	2
It has been valuable to have some suggestions on the matter of interference/control on Municipal budget by the Ministry	1

## 7 Conclusion

Overall the workshop has been a worthwhile exercise. The participants seem to have been benefited particularly in terms of their familiarity with a number of aspects that are of interest to them. The short duration of the workshop may have been a limitation as some of the discussions have not been in more details as one might expect. But this is true for all workshop situations. By the end of the workshop with better knowledge the participants appear to have higher commitments to their responsibilities. The feeling of partnership between the Municipality and CONCERN is likely to be stronger. New avenues of cooperation will be explored and joint exercises like the present workshop are also likely to continue which is very encouraging for both the Municipality and CONCERN. The cooperation between these two partners in Saidpur may serve as a model of partnership to be emulated in other Municipalities.

## 8 Closing Session of the Workshop

Prof Ahmadullah Mia has chaired the closing session of the workshop. He has given a summary of the discussions of three days with a note of appreciation that the Chairman and the Commissioners of Saidpur Municipality have participated in the discussions showing very keen interest and seriousness. He has observed that Saidpur Municipality has had a good chance to become one of the best Municipal units in the country as the Chairman and the Commissioners now have better information and closer partnership relation with CONCERN a reputed international NGO working in Bangladesh.

Mr Molony, Country Director of CONCERN has expressed his satisfaction at the outcome of the workshop. He has observed that CONCERN has been happy to work at Saidpur in partnership with the Municipality. Both CONCERN Bangladesh and Saidpur Municipality will continue their efforts and will jointly address the problems.

Mr Bejoy the officer in charge of the northern districts has thanked the country Director of CONCERN Bangladesh for his support to the organization of the workshop. CONCERN had worthwhile experience through its past works in Saidpur. CONCERN would be happy to work further with new program and CSP has been a significant step forward.

Mr Amjad Hossain, Chairman of Saidpur Municipality has expressed satisfaction on his own behalf and on behalf of all the Commissioners that they have had the opportunity of going through this workshop. He hopes that together with his colleagues he would be able to find a new platform of action in cooperation with CONCERN in the near future. He has thanked CONCERN, PIACT Bangladesh and all the expert discussants and the participants who have contributed to making the workshop a beautiful success.

**Appendix 8**

**Working Area profile of ward**

**Responsible FT**

**Municipality workers**

**Working Area Old ward No-  
New Ward No-**

**Location**

**Area**

**Total population**

**Population Density**

**Population feature of ward No-1**

House Hold	Population			Sex Ratio	Literacy rate	Remarks
	Total	Male	Female			

**Population According to Age Group and Sex**

0-4Yrs		5-9Yrs		10-14Yrs		15-17Yrs		18-34Yrs		35-59Yrs		60Yrs & over		Remarks
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	

**\* List of Slum in Ward No-1**

SL	Name of Slum	Population	House hold	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

**Health Facilities in the Ward**

Sl	Particulars	Number	Service	Service charge	Remarks
1					
2					

## Appendix 9a

### **Mymensingh Municipality Health - STAKEHOLDERS**

(4/7/99)

#### Primary

- 1 Municipality population
- 2 Municipality Health Team
- 3 TBAs/Community Health

- 19 Military Hospital
- 20 C W F P Clinic
- 21 FPAB Clinic
- 22 St Vincent's Health Centre-M of Charity Volunteers
- 23 B N S B Eye Hospital(funded by Caritas)
- 24 BAU Health Centre

#### Secondary

- 4 Concern CSP Team

- 25 World Vision Health Centre
- 26 Damien Foundation Clinic

#### Key stakeholders-internal

- 5 Municipal Authority
- 6 Medical College Hospital
- 7 Infections Disease Hospital
- 8 Model Clinic
- 9 Civil Surgeon
- 10 Thana Health Centre
- 11 IOCH Operations Officer
- 12 ADRA Somity
- 13 School Health Clinic
- 14 Railway Hospital Somity
- 15 TB Clinic
- 16 Mym Leprosy Clinic
- 17 B S C S
- 18 Chest Disease Clinic

- 27 Police line Hospital
- 28 Food For the Hungry
- 29 Dishari F P
- 30 Nari Maitri
- 31 S M C (UFHP)
- 32 Jonoshastho Prokaushali Adhidaptar
- 33 Natab clinic
- 34 Uddaym Bahumukhi Samaj Kalliyon
- 35 Shehora Bohumukhi Samaj Kallay
- 36 Surakkha
- 37 TB and Leprosy Control Project
- 38 Private pharmacies
- 39 Concern UCDP(WTC, Education) NRU

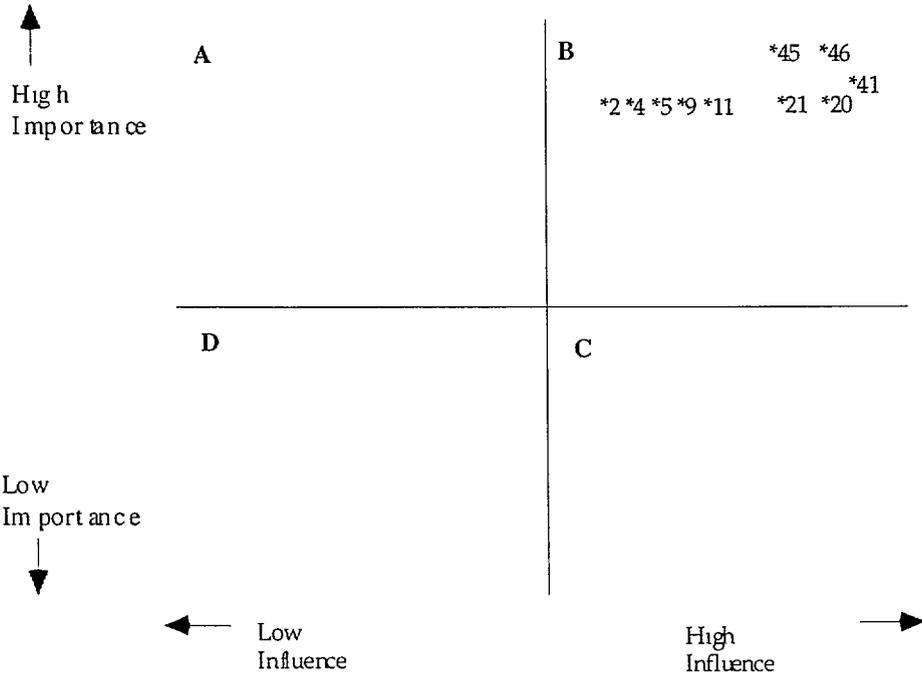
#### Key-external

- 40 MOHFW Dhaka
- 41 MOLGRD Dhaka
- 42 Helen Keller International
- 43 ACPR
- 44 ACPR
- 45 USAID-Dhaka mission
- 46 Donors(USAID/BHR/PVC-W/ton)

#### Other stakeholders

- 47 Mymensingh Family Development Project
- 48 ASA
- 49 BRAC
- 50 CARE Bangladesh
- 51 Grameen Bank
- 52 Proshika
- 53 SADO
- 54 CARITAS
- 55 DISHARI
- 56 NAPS
- 57 Nari Bikash Kendra
- 58 PRIO
- 59 Amra Sukhi
- 60 ADESH Bangladesh

Updated following Mymensingh stakeholder analysis conducted with CSP Team on July 1st 1999, and with reference to Sharmun's and Teams' Mymensingh Municipality at a Glance. Stakeholders marked \* are in the High Influence/High Importance B box.



**Appendix 9 b**

**Saidpur Municipality Health - STAKEHOLDERS**

**Primary**

- |                            |                           |
|----------------------------|---------------------------|
| 1 Municipality population  | 17 Military Hospital      |
| 2 Municipality Health Team | 18 Private pharmacies     |
| 3 TBA s/Communty Health    | 19 LAMB Clinic Volunteers |
|                            | 20 Pubali Scouts Club     |

**Secondary**

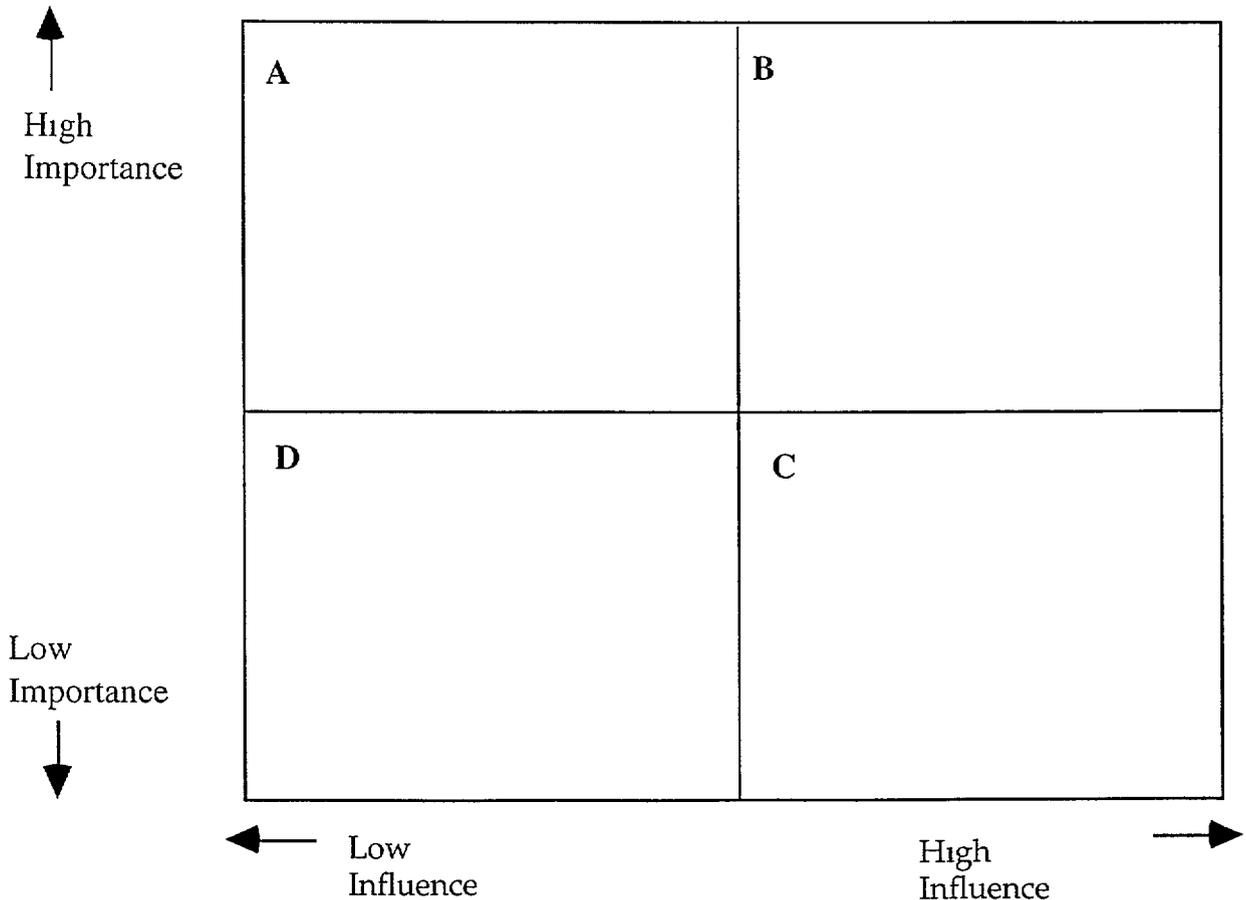
- |                      |                                      |
|----------------------|--------------------------------------|
| 4 Concern C S P Team | 21 Concern UCDP(WTC, Education), NRU |
|----------------------|--------------------------------------|

**Key-internal Saidpur)**

- 5 Municipal Authority
- 6 50 Bed Hospital
- 7 School Health Clinic
- 8 Thana Health Complex
- 9 BDLM Leprosy Clinic
- 10 Maternity Hospital
- 11 IOCH Operations Officer
- 12 Railway Hospital
- 13 Gov Outdoor Dispensary
- 14 FPAB Clinic
- 15 JSPP F P Clinic
- 16 Kanchan Samuty(UFHP)

**Key-external**

- 22 Civil Surgeon(Nilphamari)
- 23 50 bed Hospital(Nilphamari)
- 24 BDLM Leprosy Hospital(Nilphamari)
- 25 LAMB-TB Hospital(Parbatipur)
- 26 Medical College Hospital(Rangpur)
- 27 Infections Disease Hospital(Rangpur)
- 28 MOHFW Dhaka
- 29 MOLGRD Dhaka
- 30 Helen Keller International Dhaka
- 31 ACPR
- 32 USAID-Dhaka mission
- 33 Donors(USAID/BHR/PVC-W/ton)



## Appendix 10

### National level stakeholders

#### 1 Child Health Division of MOHFW

MOHFW is responsible for deciding health and population policy for the country. The Child Health Division of MOHFW coordinates the policies related to children. This division coordinates the implementation of the following components:

- Control of Diarrhoeal Diseases (CDD)
- Expanded Program on Immunization (EPI)
- Acute Respiratory Tract Infections (ARI)
- Integrated Management of Childhood Illnesses (IMCI)
- School Health

A Program Manager is responsible for the Child Health Division at national level. Under his supervision a line manager manages each of these components. At district and sub-district (Thana) levels the District Health Administrator (Civil Surgeon) and the Thana Health Administrator (THA) are responsible for implementing the activities through their hospital and community based staff. Although MOHFW formulates policy for the country, it is only responsible for implementation of health activities in the rural areas. Ministry of Local Government and Rural Development (MOLGRD) implements health programs in urban locations with assistance from MOHFW and PVOs.

#### 2 Ministry of Local Government and Rural Development (MOLGRD)

MOLGRD executes health and population programs in urban areas through City Corporations (CC) and municipalities. A Deputy Secretary in the MOLGRD is responsible for urban health and population works at the national level. A Deputy Director (DD) with a health background, under the supervision of the Deputy Secretary, is expected to join the ministry soon. This Deputy Director will supervise the municipal medical officers, maintain necessary liaisons with the MOHFW, and act as the health and population focal point in the MOLGRD.

A new former Civil Surgeon has recently been appointed to the Health Wing of MOLGRD. This person now acts as the link person at MOHFW for Municipality Health.

#### 3 USAID Country office

The USAID local mission is located in Dhaka. In addition to supporting the government, it also provides financial and monitoring support to national and international NGO/PVOs. USAID plays a significant role in the area of urban health through its child health and Urban Family Health Partnership (UFHP) initiatives.

#### 4 BASICS /IOCH – MSH

BASICS/IOCH- BASICS (Basic Support for Institutionalizing Child Survival, under NIPHP (National Integrated Population and Health Program) ended their activities in April 99. The IOCH (Immunization and Other Child Health) MSH (Management Sciences for Health) Project now being launched is a follow up to BASICS, with a broader mandate. (IOCH/MSH) is in agreement with the Ministry of Local Government (line ministry for municipality) to provide child health support to the municipalities of the country, including Mymensingh and Saidpur. Unlike the CSP strategy, BASICS doesn't work closely with the municipal health managers and grass roots staff at local level for the improvement of their skills needed for planning, implementation and monitoring of day to day work in the community. Rather it provides blanket support to the municipalities from national and provincial levels, through provincial consultants (Urban Operation Officers), in terms of their financial, logistics and broader training needs primarily EPI.

The IOCH team support and endorse the CS Program and participate at IOCH-Concern CS Meetings planned for Mymensingh and Saidpur.

#### 4 Urban Family Health partnership/ Jon Snow Incorporate (UFHP/JSI)

Urban Family Health Partnership (UFHP) is a USAID and NGO collaborative initiative, coordinated by Jon Snow Incorporate (JSI). JSI, under the UFHP initiative, provides financial and technical support to local PVOs working in urban areas to improve their clinic based Primary Health Care (PHC) services. Concern Women for Family Planning (CWFP) Family Planning Association of Bangladesh' (FPAB) in Mymensingh and Kanchan Shangha in Saidpur, are the local PVOs who run health and family planning clinics under the UFHP initiatives of JSI/USAID.

## Appendix 11

Date August 24<sup>th</sup> 1999  
To Mahmud Al Nur Tarek  
Chairman,  
Mymensingh Municipality  
Subject USAID Child Survival Program,  
Concern Bangladesh and Mymensingh Municipality

Dear Sir,

As you are aware there have been numerous attempts at negotiations over the past months surrounding the implementation of the Child Survival Program in the Mymensingh area. These have unfortunately proved to be unfruitful in helping us to reach areas of mutual consent and we seem to have reached a gridlock.

Concern Bangladesh has worked in Mymensingh for over 20 years implementing housing, water and sanitation education micro finance projects plus an ongoing health project. We always have an excellent relation and our work I think has been satisfactory.

However the present requirements of the Mymensingh Municipality health department and the mandate of the Child Survival Program seem to be incompatible e.g. provision of ambulances versus capacity building and training of staff. These areas of incompatibility are proving increasingly difficult to move forward in the program-planned activities. We have failed to progress as per plan.

The program has already passed 10 months out of a total two years with no progress. This has made the viability of the program extremely vulnerable. No donor including Concern Worldwide would be willing to continue a program of such bad situation unless it is able to bring remarkable positive changes in its performance within a very short time. This is only possible if Mymensingh municipality commits to make an active effort.

To progress with the activities and strategies detailed out in the Entry Grant (current) proposal

To start within the first week of September '99 the research activities for developing a Detailed implementation plan which has been a basic requirement for entering into the second phase of the program.

Create and ensure a positive environment where the CSP team can work without further interruption in its way to achieving progress.

Concern believes that it is the final decision for Mymensingh Municipality to reach a definite solution about this matter so that none of us waste our valuable time. Think about the people of Mymensingh and let us move forward together in the interest of better health in the city. We are constantly asked by other municipalities to become involved with them in such a PP as we have with you, but because of our long and excellent working relation in Mymensingh we made you our first working areas for such a PP. The question now arises though, does CONCERN stay or depart from the municipality? – The decision is yours.

Yours sincerely,

Noel Molony  
Country Director

CC Aine Fay, Concern Worldwide, Dublin  
Siobhan Walsh, Concern USA  
Anne Hersh, USAID Washington  
All Commissioners Mymensingh

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To Mahmud Al Nur Tareq  
Chairman,  
Mymensingh Municipality  
Mymensingh,  
Bangladesh

Dear Sir

October 31<sup>st</sup> 1999,

**Subject Implementation of joint partnership Program, USAID Child Survival Program between Concern Bangladesh and Mymensingh Municipality**

With reference to your letter dated October 26 1999 reference number My Mu No/1/5(6)/1050 I would like to take this opportunity to clarify the misunderstandings and inaccuracies which have arisen in the said document

Firstly it is stated that the Child Survival Program two year Entry Grant was to commence from December 1998 This is incorrect The Joint program was due to commence October 1<sup>st</sup> 1998 for a period of two years but you will see from the attached Memorandum of Understanding that the effective date was 27<sup>th</sup> July 1998

The Memorandum makes it clear that Concern Bangladesh and Mymensingh Municipality agreed to undertake the program jointly through a partnership Concern Bangladesh followed this up through a number of workshops in order to achieve a clear understanding as to both parties' roles in this joint venture Documentation is available which shows attendance and participation of Mymensingh municipality at all of these meetings A brief overview of the most significant meetings in the first six months is shown below

- 1 An initial orientation meeting was held September 3<sup>rd</sup> 1998 at the Caritas Auditorium Mymensingh, with participants from Government, NGO s, Civil surgeon office and Concern
- 2 A special orientation was held December 22<sup>nd</sup> and 23<sup>rd</sup> 1998 at steps Towards Development Centre, Dhaka with participants including all CSP staff from Concern and municipality
- 3 A further introductory session was held January 5<sup>th</sup> 1999 at the Circuit house Mymensingh which was attended by the Chairman, Chief Executive Medical Officer, Civil Surgeon and all CSP staff
- 4 A meeting on CSP activities for the staff of Mymensingh Municipality staff was conducted January 14<sup>th</sup> 1999 at Zila Parishad Auditorium Mymensingh attended by all Municipality staff, THFPO and family planning staff
- 5 A final orientation workshop was held on April 6<sup>th</sup> 1999 at the Civil Surgeons office Mymensingh attended by the Deputy Civil Surgeon, Medical Officer THA, health workers Concern staff

In order to deal with the issues raised in your letter it is perhaps necessary to detail the key events which have brought us to the present situation which have already been reported in the first annual report

Following the initial orientation meetings and workshops certain activities were carried out which were required to be used as tools in developing specific activities and strategies to facilitate the planned CSP activities These were

- Ward Profile compilation
- Stakeholder Analysis
- Collaboration with stakeholders

Concern arranged a meeting with the municipal cabinet on July 19 where all the commissioners attended. This was following a series of meetings which made little progress. Local USAID and IOCH/MSH representatives and Deputy Director, MOLGRD from national level participated in this meeting on request from Concern. The meeting was presided over by the chairman. Reflecting the claims of the commissioners, an 11-member committee was formed in this meeting. It was decided that this committee would find ways to smooth operation of the program with immediate effect and review the existing CSP proposal to bring necessary changes to make it more sensitive to the needs of the municipality.

A five hour committee meeting took place on August 9 at Mymensingh municipality. The meeting could not reach agreement on the way forward. Concern informed that Knowledge Practice and Coverage survey (KPC) for CSP was imminent at Mymensingh. IOCH/MSH was also going to coordinate a national MNT (Measles and Neonatal Tetanus) campaign. In both the cases participation and assistance of the CSP team would be essential to the success of these initiatives. Concern and IOCH/MSH representatives and at different times the Chairman himself discussed different options to continue the program. However the commissioners were rigid. They posed some demands which were unrealistic and kept on pressing that unless the demands are fulfilled CSP activities can't continue in Mymensingh. Their demands were

- All the municipal health staff must get salary from this CSP fund
- Seven ambulances will have to be given to Mymensingh municipality from this CSP grant. At least one or two are to be given immediately.
- Twenty-one health centers, one for each ward to be built. If not all, at least some to be built immediately.
- Motorcycle for the health supervisor and bicycle for the field staff will have to be provided.

IOCH/MSH and Concern representatives explained why these demands were neither rational nor important for improving the health care system in Mymensingh municipality. In reply it was informed that if USAID declines with these demands, they would terminate this partnership program.

In order to keep the scope of further dialogue open, another small committee has been formed comprising of

1. The municipal secretary, currently responsible for the municipal health.
2. Municipal chief executive officer.
3. One of the municipal commissioners.
4. Three CSP management staff from Concern Dhaka and Mymensingh.

This committee met on 22<sup>nd</sup> of August to review the existing project proposal and discussed and prepared recommendations about municipality's felt needs for CSP program for submission to USAID by September. This however proved to be a futile exercise as the same demands were put forward.

#### Follow up meetings

1. The Concern Country Director and Program manager along with IOCH/MSH representative responsible for Mymensingh Municipality met with Charles Habis – USAID Health and Advisor and his colleagues in USAID office at Dhaka on 19 August for a briefing about the situation in Mymensingh. They were informed that strategically Concern cannot agree with the commissioners' demands because they do not reflect neither the purpose of the CSP, nor are important for improving the health situation of the municipal people. USAID agreed and suggested that a meeting be held with the municipality immediately in order to put forward our concerns.
2. On August 24 1999 the Country Director, Program manager and another medical representative from Concern attended a meeting in Mymensingh. The chairman, a few commissioners, the health department in charge of Municipality and other relevant people from municipality were present. They raised the same demands as before and demanded that from the CSP budget the material requisitions of before must be adhered to. It was clearly stated by Concern that under no circumstances would provision of such materials, salary or development of infrastructure be made as the CSP project is focused on building the capacity of the Municipality health departments existing structure.
3. Finally the Chairman and the commissioner informed that the Municipality Council would meet on August 31 1999. In this meeting they will decide and let Concern know if the Municipality agrees.

to the existing partnership proposal for capacity building and come forward with its full cooperation to implement the program in accordance with the existing plan

No decision was forthcoming by the municipality cabinet meeting. An official letter to the chairman with CC to all commissioners stating our position was forwarded August 24<sup>th</sup> 1999. Please see attached

There was sharing between Concern and the municipality during the process of development of the CSP proposal. Both Civil Surgeon and the chairman of Mymensingh municipality sent written requests to Concern to undertake programs in Mymensingh municipality in 1997. The chairman and one of the commissioners signed the MoU for CSP in 1998. For the convenience of better understanding of CSP by the municipal staff the executive summary of the proposal was translated in to Bengali and distributed to municipal staff.

By the meeting of July 1999 none of the commissioners had read the documents (commissioners stated it in the meeting on August 9 1999) nor did they raise any question about the proposal. Otherwise the issues could have been discussed and solutions jointly found.

Finally the role of Municipal health officer in Mymensingh is vital for the implementation of CSP. The position of Health Officer is a new position which has only functioned for the last two years. It should be noted that the medical officer at Mymensingh has at no stage shown interest or desire to undertake his role in CSP and it is considered that he was disruptive through out the whole process.

Several sharing sessions were also arranged with IOCH/MSH 'Urban Family Health Partnership (UFHP/JSI) local USAID officials at national level and UFHP partners i.e. Concerned Women for Family Planning (CWFP) Family Planning Association of Bangladesh (FPAB) at local level. In last 6 weeks Concern had four meetings with the USAID and IOCH/MSH. The purposes of these meetings were to keep them informed about the overall situation of the CSP implementation, confusion around CSP work in Mymensingh and solicit their support in resolving the problem in Mymensingh.

This gives an overview to the processes that Concern Bangladesh conducted with the municipality in relation to the USAID Child Survival Program.

Yours sincerely

Aine Fay  
Country Director,  
Concern Bangladesh

Cc Sarah Hurst, USAID  
Secretary MOLGRD  
Secretary MoHFW  
Director General NGO Bureau  
Deputy Commissioner Mymensingh  
Civil Surgeon Mymensingh  
Siobhan Walsh, Concern USA  
Rob Williams, Concern USA  
Mr Charles Habis USAID Dhaka  
Siobhan Boyle, Concern Dublin  
Dominic Mac Sorley Concern Dublin  
Breda Gahan Concern Health backstop

Enclosed documents

- 1 Memorandum of Understanding
- 2 August 24<sup>th</sup> letter Concern – Mymensingh
- 3 November 2<sup>nd</sup> letter

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## Appendix 12

### REFERENCES

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