

## **MCH-FP Extension Project (Urban)**

Urban FP/MCH Working Paper No. 31

# **MOBILIZING FOR URBAN HEALTH: PERCEPTIONS AND INVOLVEMENT OF THE MEMBERS OF ZONAL HEALTH AND FAMILY PLANNING COORDINATION COMMITTEES IN DHAKA CITY**

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## Foreword


I am pleased to release these reports on urban Maternal and Child Health and Family Planning issues which are based on the operations research activities of the MCH-FP Extension Project (Urban) of the Centre. Over the years, the Centre has acquired a unique expertise on urban development matters that ranges from operations research on reproductive health, child survival and environmental issues to providing technical assistance for capacity building to service delivery organizations working in urban areas.

This work has produced important findings on the health conditions and needs of city dwellers, particularly the poor and those living in slums. The research has also identified service delivery areas in which improvements need to be made to enhance effectiveness. Together, these research findings have been translated into interventions currently being applied in government and non-government settings.

In order to carry out this innovative work, the Centre has established a partnership effort known as the Urban MCH-FP Initiative, with different ministries and agencies of the Government of Bangladesh and national non-government organizations, notably Concerned Women for Family Planning, a national NGO with wide experience in the delivery of MCH-FP services. The partnership receives financial and technical support from the United States Agency for International Development (USAID).

The overall goal of the partnership is to contribute to the reduction of mortality and fertility in urban areas. In practice, this joint work has already resulted in the development and design of interventions to improve access, coordination and sustainability of quality basic health services to urban dwellers with emphasis on the needs of the poor and those living in slum areas.

The Centre looks forward to continuing this collaboration and to assist in the wider dissemination and application of sustainable service delivery strategies in collaboration with providers in government, the NGOs and the private sector.

  
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## Glossary

AHO	Assistant Health Officer
BASICS	Basic Support for Institutionalizing Child Survival
CHO	Chief Health Officer
CWFP	Concerned Women for Family Planning
DCC	Dhaka City Corporation
DFP	Directorate of Family Planning
DHS	Directorate of Health Services
EPI-HQ	Expanded Program on Immunization, Head Quarters
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
LGD	Local Government Division
MCH-FP	Maternal Child Health and Family Planning
MIS	Management Information System
MNT	Measles and Neonatal Tetanus
MOHFW	Ministry of Health and Family Welfare
MOLGRDC	Ministry of Local Government, Rural Development & Cooperatives
NGO	Non-Government Organization
NID	National Immunization Day
PHC	Primary Health Care
TOR	Terms of Reference
UEP	Urban MCH-FP Extension Project
ZEO	Zonal Executive Officer



## Summary

The Urban MCH-FP Initiative is a partnership effort of the Ministry of Health and Family Welfare (MOHFW), the Ministry of Local Government, Rural Development and Cooperatives (MOLGRDC), the Concerned Women for Family Planning (CWFP) a non-government organization and the Urban MCH-FP Extension Project (UEP) of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). The Initiative began to be implemented in the Dhaka City Corporation (DCC) area in August 1994. One of its major objectives is to develop a coordinated and cost-effective system of MCH-FP service delivery in urban Bangladesh with a special focus on poor and slum population.

As part of the Initiative, Zonal Health and Family Planning Coordination Committees were formed in all 10 zones of DCC between July and September 1995. The main objective of forming the zonal committees was to establish functional coordination among the service providers and to develop a mechanism for local level planning. Local planning was felt to be necessary to ensure the effective use of available local resources through minimizing gaps and overlaps in MCH-FP service delivery. To assess performance of the committees, the UEP conducted a study on "perceptions and involvement of members of zonal health and family planning coordination committees in Dhaka". Data for this study were collected through individual interviews in a sample of all category of the committee members. Data were also collected by field observation of intervention activities. Secondary data from minutes of the meetings, work plans and registers were also analyzed.

The zonal committees met once every two months, with the participation of local senior officers of DCC, the Directorates of MOHFW and non-government organizations (NGO) providing health and family planning services at the zonal level and elected representatives. The committees successfully planned and implemented local health events

and played a key role toward improving coordination among the service providers and to increase referral among the various facilities.

About 67 percent of the committee meetings were held as per schedule during the last six months and 40 percent of the decisions of the meetings were fully implemented. The completed decisions included issues, such as the development of Terms of Reference for the committees, formulation of annual work plans, planning and implementation of measles and neonatal tetanus campaign and National Immunization Days (NID). The committees also organized events to observe national and international health and social promotion campaigns at the local level as well as provided training to the DCC staff members.

Findings of the study showed that all the zonal committees had work plans and 55 percent of the committee members were found to be aware of the major activities of the work plans. Findings of the study also revealed a substantial involvement of NGOs and suggest that the involvement of committee members in zonal committee activities from community and GOB sector needs to be further strengthened.

## **I. Background**

In Bangladesh health services in urban areas are provided by a variety of government and non-government voluntary organizations (NGOs) and a large number of commercial sector agencies. Results of the urban health facilities study conducted by Urban MCH-FP Extension Project show that, in Dhaka City there are 567 major health service delivery points administered by various organizations which include the MOHFW, NGOs and for-profit private sector and DCC (Majumder et.al., 1996). The existence of alternative sources might be an opportunity for urban people who can afford it. But the multiplicity of providers without appropriate coordination can result in differential levels of quality of care, limited referrals among the providers, gaps and overlaps in coverage, as well as the wastage of resources. Since the poor are likely to be more dependent on a subsidized sector, which provides free or low-cost services, this lack of coordination could have greater consequences on the capacity of the poor to access the essential clinic services.

There is a crucial need to combine efforts to ensure optimal distribution of services, specially for the slums and the urban poor. Using a multi- sectoral approach, some programme have exhibited success, such as, the urban EPI programme which was a concentrated effort of the Dhaka City Corporation , MOHFW, technical assistance agencies and NGOs. The inputs of the local administrative and public representatives toward programme success were noted (Thwin et al., 1996).

The Urban MCH-FP Initiative is being implemented in the DCC area since August 1994. The major objective of the Initiative is to develop a coordinated and cost effective system of delivering Maternal Child Health and Family Planning ( MCH-FP ) services for the urban population initially in Dhaka, then disseminate the Project findings to the benefit of other urban areas of the country. The Project also aims to provide technical assistance to city corporations and municipalities to improve

their capacity in planning, coordination, implementation and monitoring of health activities.

As part of the MCH-FP Initiative, the DCC formed Zonal Health and Family Planning Coordination Committees in all 10 zones of the city between July and September 1995. The aims of the committees were to link all different local service providers and to serve as a mechanism for local level planning to ensure effective utilization of available local resources through minimizing gaps and overlaps in MCH-FP service delivery.

Senior zonal officers of the city corporation, government and non government local service providers and elected representatives are members of the committees. The committees meet once in every two months with local service providers and elected representatives, have formulated annual action plans and have successfully planned and implemented campaigns to increase coverage of services, such as immunization and vitamin A supplementation. These committees have been playing an important role in health promotion and solving the local health problems.

In September 1996, the UEP carried out a study to assess the perception and involvement of committee members in the DCC area. This study generated some information of the progress made by the committees toward improvement in planning and coordination of health and family planning activities at the local level.

## **II. Objectives of the study**

### **Overall objective**

The study was undertaken to assess the perception and level of involvement of the members of the zonal health and family planning coordination committees in its activities. Specifically the study aimed at providing answers to the following questions:

- a. Who are the members of the committees? What are their views about the health problems of the city and the activities of the committees?
- b. How often do committees meet ? Are meetings well attended?
- c. How do committees work? Are committee decisions followed and implemented?
- d. How can the effectiveness of the committees be improved?

## **III. Methodology**

The study was designed to assess the perceptions and involvement of members in the activities of the zonal health and family planning coordination committees in Dhaka City. A simple structured questionnaire was administered to all category of members of the committees. They were officials from the Directorates of Health and Family Planning of the MOHFW, representatives from local NGOs, representatives from private commercial clinics that take part in the committees and elected community leaders. Quota sampling methodology was used for selection of respondents for the study. The questionnaire was developed with both open and close - ended questions. Three Senior Field Research Assistants of the UEP conducted the interviews in September 1996. Data were processed and analyzed using EPI-info statistical software package. Data

collected through the survey were complemented with field observation activities. Data from meeting minutes, work plans and registers were collected and analyzed.

**Table 1: Distribution of respondents by organization**

Organization	Initial sample	Respondents interviewed		Not available	
		No.	Percentage	No.	Percentage
DCC	23	21	91.30	2	8.70
GOB	12	10	83.33	2	16.67
NGO	53	47	88.68	6	11.32
Ward Commissioner	30	30	100.00	0	0.00
Private clinic	*3	3	100.00	0	0.00
Social leader	5	1	20.00	4	80.00
<b>Total</b>	<b>126</b>	<b>112</b>	<b>88.89</b>	<b>14</b>	<b>11.11</b>

\* Respondents from private clinics were selected from those who attended the committee meetings.

**Table 2 : Distribution of respondents from different zones of Dhaka City Corporation**

Zone	Sampled respondents	Respondents interviewed		Not available	
		No.	Percentage	No.	Percentage
1	15	13	86.67	2	13.33
2	16	12	75.00	4	25.00
3	11	11	100.00	0	00
4	16	13	81.25	3	18.75
5	16	15	93.75	1	6.25
6	10	10	100.00	0	00
7	10	8	80.00	2	20.00
8	11	11	100.00	0	00
9	16	14	87.50	2	12.50
10	5	5	100.00	0	00
<b>Total</b>	<b>126</b>	<b>112</b>	<b>88.89</b>	<b>14</b>	<b>11.11</b>

## **IV. Results**

### **IV.1 Who are the members of the committees**

Of the 181 registered committee members in all 10 zones of the DCC area, 126 were selected for interview and 112 respondents could be contacted. The respondents came from all 10 committees of the DCC. Although the majority were staff members of NGOs or community representatives, the commercial sector was least represented .

### **IV.2 Perceptions of zonal committee members**

#### **a) The purpose of the committees**

Two thirds of the respondents could recall the time when the zonal committees had started to meet. More than three quarters of the GOB participants (24/31) had correct knowledge about the starting of the committees, but among the NGOs members the proportion with correct knowledge was nearly 90% (42/47). On the other hand, only one in four community representatives and private sector providers knew with certainty when the committees began to function.

Most members said that the aim of the committees was to establish coordination to improve the performance of local health services ( Table 3). The other responses are revealing in that they may reflect the expectations of the different sets of providers. A similar proportion of NGO representatives and DCC officers interviewed stated that there was a need for a forum that could exchange information and data on local health condition. Respondents from the NGO and local government sectors, including ward commissioners, also stated that the zonal committees had a role in the formation of committees at the ward level.



**Table 3 : Distribution of responses about the purpose of zonal committee formation**

Purpose	No. of respondents by organization					All
	DCC	MOHFW	NGO	Community representatives	Others	
Establish coordination among GOB, NGO and other service providers	16	6	29	13	1	65
Establish a regular exchange of service statistics and information on health activities.	3	0	7	0	0	10
Form ward committees and work through the ward committees	1	0	1	3	0	5
Promotional activities (Observance of National/ International days)	0	1	2	0	1	4
Others	0	1	5	0	0	6
All responses	20	8	44	16	2	90

Note : 22 missing cases.

## **b. Main health problems in Dhaka City**

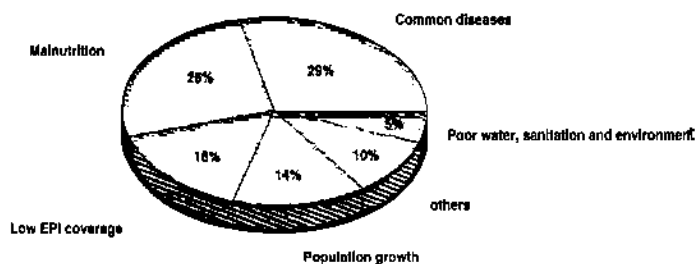
About 29 percent of the respondents mentioned that diarrhoea and dysentery together with skin diseases and respiratory infections represented the main health problems of the Dhaka City. About one quarter of the committee members reported that malnutrition was another major health problem in Dhaka City. Low EPI coverage and population growth were mentioned as problems by a similar proportion of the respondents. The respondents mentioned the following issues in relation to the environment:

- Lack of pure drinking water
- Lack of sanitation facilities
- Unplanned growth of slum
- Environmental pollution
- Improper garbage cleaning system
- Improper drainage system.
- Mosquitoes
- Unhygienic situation / Open food
- Pollution due to fossil fuel.

About 10% of the informants mentioned other causes, i.e poverty and lack of health education activities as major health problems in Dhaka City.

Fig.1 shows the distribution of responses about major health problems of Dhaka City.

Fig. 1: Distribution of members' responses about health problems in Dhaka City



### IV.3 Response of committee members on frequency and effectiveness of their meetings

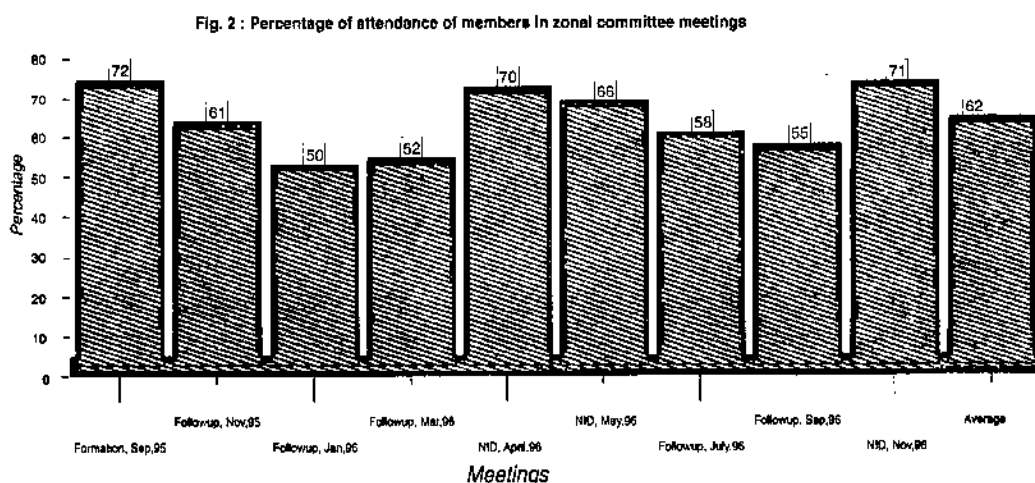
The respondents expressed their views on the perceived usefulness, periodicity and attendance of the committee meetings. The single most frequently mentioned view about the local committees was that they serve as a useful forum to organize special health promotion activities and campaigns. Among others, these special activities include the observance of National Population Day, National Immunization Day, World Women`s Day and vaccination campaigns in slum areas. About 36 percent of the responses indicated that the committees had increased coordination among service providers. The zonal committees created scope for service providers to meet each other and know about their respective activities. The respondents also indicated that the committees

had helped to create, at the zonal level, a mechanism for information exchange which was useful in planning and monitoring activities.

### Frequency of meetings and members' attendance

Almost all respondents ( 96% ) mentioned that they had a schedule of committee meetings. Two thirds of the scheduled meetings in the city were held during the six months preceding the interview. According to three quarters of the respondents, the full schedule of meetings could not be maintained due to political unrest. Nevertheless, around one in ten of the respondents also reported that the committees did not meet according to the schedule due to lack of timely initiative by the DCC zone office.

The study revealed that attendance of committee members in the zonal committee meetings was encouraging. Over 60 percent of the members interviewed attended the zonal committee meetings. The lowest level of attendance was at the start of the year. There seems to be a pattern in which attendances were higher at meetings in which the members had a particular planning agenda. For instance, the meetings to formulate the action plan and to organize the National Immunization Days were better attended than meetings to follow-up the implementation of previous decisions ( Fig. 2 ).



There were also differences in the involvement of members from different categories i.e. different type of organization. Table 4 shows the attendance of committee members in the zonal committee meetings by category.

**Table 4 : Attendance of committee members in zonal committee meetings by category**

Category	Total no. of members	Attendance	
		No.	Percentage
DCC	53	42	79.24
NGO	99	74	74.74
GOB	29	9	31.03
Ward Commissioner	108	8	7.40

The table shows that the attendance of GOB officials (Directorate of Health Services and Directorate of Family Planning) in the zonal committee meetings was comparatively lower than DCC and NGO officials. The reason for low attendance is possibly due to the absence of directives and follow-up from their higher authority.

In general, the attendance of ward commissioners in the meetings was also very low. They were, however, found to be regular in attending the ward committee meetings. Because ward is their immediate constituency and first place of interest.

### **Implementation of decisions of the committees**

The review of the minutes of the zonal committee meetings revealed that all meetings followed an agenda. It was also found that all the meetings ended with some decisions on health and family planning activities. The analysis of the implementation status of those decisions

showed that 40% were fully carried out and 40% were partially implemented. Table 5 shows the implementation status of the meeting decisions.

**Table 5: Implementation status of zonal committee meeting decisions**

<b>Completed</b>	<b>Partially Implemented</b>	<b>Not started</b>
1. Develop and approve TOR for zonal committee	1. Organize regular (two monthly ) committee meetings	1. Introduce referral system at the zone level
2. Develop action plan/ work plan for the committee	2. Reorganization of service-delivery points	2. Updating slum list of the zones and focus with health and family planning activities for slums.
3. Participate in measles and neonatal tetanus campaign	3. Establish a regular exchange of service statistics and information on health activities	3. Orient doctors at private clinics
4. Plan and implement NID at local level	4. Formation of ward-committee	
5. Strengthen promotional activities (Observance of international and national days ).	5. Installation of incinerators for clinical waste disposal at the zonal level	
6. Training for DCC staff members on MIS	6. Display information at zone offices	

The respondents cited the following reasons for the non-implementation of the decisions:

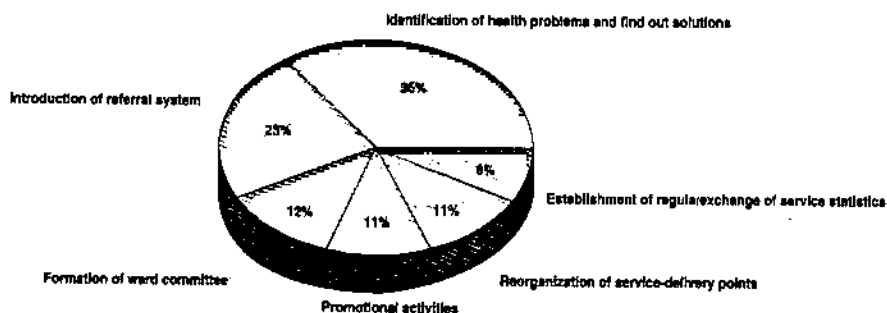
- The organizations responsible did not take any initiative to implement the decisions

- The committees did not follow-up with the organizations concerned
- Zonal committees could not mobilize support from higher level of service providers organizations.
- Some zonal committee decisions were ambitious in terms of resources and capability. For example; introduction of referral system at the zonal level.

### Implementation of zonal work plans

The study of the minutes confirmed that all the zonal committees prepared their own work plans. Over half of the respondents knew about

Fig. 3 : Distribution of responses about major activities of zonal work plan



the time line of the work plan and knew the major activities included in the work plan. Fig.3 shows the distribution of knowledge of the respondents about major activities of work plan.

Some activities that were included in the work plans of the zonal committees were not mentioned by the members. Members did not mention anything about updating the slum lists and steps for reorganizing health facilities to improve services to the slum dwellers or the intended preparation of information display at zone offices. The planned orientation of private clinic doctors and the installation of incinerators in all zones were not mentioned by the committee members either.

The analysis of data shows that about 54% of the activities of the work plan were implemented. Around 32% of the respondents reported that the level of representation of some service providers in the zonal committee meetings was not adequate. Some organizations had representatives who did not have the authority to assist in decision making at the meetings.

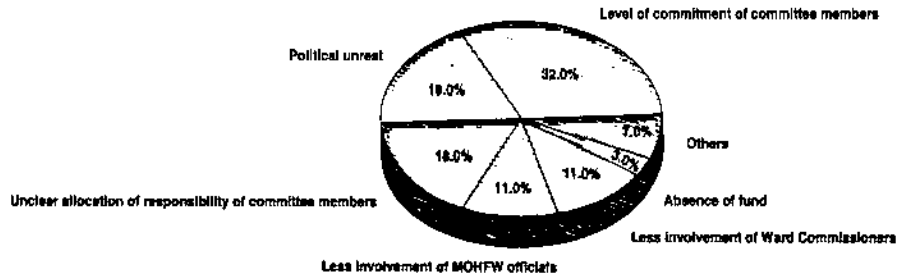
Political unrest was also an important barrier to implement the activities of the work plan according to 18% of the respondents. An equal number of members replied that ambiguities over shared responsibilities in the implementation of some activities slowed down progress.

A relatively low involvement of personnel from the Directorates of Health and Family Planning was also cited as a cause of non implementation of activities included in the work plan. For instance, the lack of reports from the GOB officers was said to have been a reason for the absence of complete information at the zonal level.

About 11% of the respondents mentioned that due to low participation of the ward commissioners, it was not possible to form ward committees in some wards. A small number of respondents (3%) said that the lack of special funds impeded implementation of the action plans (Fig. 4).



Fig. 4 : Distribution of responses for not implementing all activities of work plan



#### IV. 4. Committee members' recommendations to improve effectiveness

The respondents recommended the following measures to improve the effectiveness of the zonal committee activities:

- Zonal committees should continue their activities with present speed and commitment. The members suggested that the committee meetings should be organized regularly and that the minutes be circulated timely to all members.
- The decisions of the meetings and the work plan activities need to be followed up constantly and strictly.
- Committees should identify the local problems and take initiatives to solve them.
- Active support and monitoring from DCC is essential for smooth functioning of the committee
- More active involvement of Thana Family Planning office is needed.
- Zonal committees should include the organizations which are not yet associated with the committee
- The committees should concentrate more on issues, such as water, sanitation and environment.

- Zonal committees should introduce and activate referral system.
- Ward committees should be formed in all the wards of DCC to identify and solve the local health problems.
- DCC should allocate funds to strengthen the activities of zonal committees.

## **V. Discussion of key findings**

The findings of this study have important implications for strengthening planning and coordination of urban health services in Dhaka. The perspectives of the informants provided a glimpse of the areas toward streamlining the coordination mechanism among urban health service providers.

The findings revealed that the committees have indeed made some contributions to the process of developing a coordination mechanism in DCC. The attendance of ward commissioners in the zonal committee meetings was poor. The ward commissioners' attention is often focused on other development activities, such as construction of road and culverts, street lighting, garbage disposal, mosquito control, management of local tribunals and other cultural activities. Local health and family planning needs may not always be a priority. Another important reason for current low profile involvement of the ward commissioners can be attributable to the fact that they are neither accountable to zonal authority nor to the central level for the success or failure of health and family planning activities at any level. The zonal committee members recommended that the ward commissioners should more actively involve with committee activities to extend support to the service providers at the local level. Therefore, to strengthen health services at the ward level, ward commissioners involvement with zonal committee is needed.

The members of the zonal committees have, in committee meetings often expressed their concern over poor quality water, sanitation and environment. Although the zonal committees emphasized MCH-FP services, these environmental issues were not given priority. There seems to be some consensus that the zonal committees need to expand their focus on water, sanitation and environment.

Some respondents commented that to strengthen the zonal committee activities some additional financial support is needed from higher level. Committee activities at the zonal level also require the support from the DCC and even from the central level in terms of supervision, monitoring and providing feedback.

Coordination is a process by which multiple organizations share their experience and responsibilities and work together with a set of guidelines to achieve common objectives. The study findings supported that the establishment of coordination committees at zonal level as a positive move. But the zonal committees are yet to function as a self-managed and sustained forum and received a great deal of support from UEP team. This support included the facilitation of meetings of zonal committees through assistance in the organizations of the meetings, the formulation of recommendations and helping design follow-up mechanisms. The Project team also facilitated coordination among agencies, provided research findings and trained staff members primarily on roles and functions relating to programme planning and coordination. Any attempt to build on the experience of the committee and scale-up must take into consideration the need to have a facilitating agency supporting the committees. This role could perhaps be assigned to one of the service providers in the area.

## **VI. Policy implications**

The zonal committees have been working for over one and a half years to develop a functional coordination mechanism among GOB, NGO and private sector service providers. The relative success of the committees in terms of membership, frequency of meetings and implementation of decisions highlights the need for establishing these mechanisms for the exchange of information on health needs and available services at all levels. Although the UEP is currently facilitating the zonal committee activities but over the period major service providers of the zones or DCC will take over.

Although this is a partnership effort of MOHFW, MOLGRDC and Urban MCH-FP Extension Project of ICDDR,B, there is no systematic monitoring mechanism at the DCC or higher levels. The committees do not get any feedback on their activities and the committee members lose interest about the committee activities. So, an effective monitoring mechanism from DCC level should be established for smooth functioning of the zonal committees.

## **VII. Recommendations**

Involvement of all stake holders in the committee activities is needed to expedite the implementation of zonal committee activities. The limited participation of MOHFW officials in the zonal committee activities was perceived as a cause of non implementation of some activities of the zonal committees. So, the involvement of the MOHFW officials in the zonal committee activities needs to be enhanced through persuasion with the respective department.

The zonal committees initially focused their activities on the MCH-FP issues. But the respondents mentioned that poor quality water, sanitation and environment is one of the major health problems of Dhaka City. To meet the current need of the city dwellers, the zonal committees should address the issues.

The zonal committees are not yet fully established and matured to carry out their activities without technical assistance from some independent competent agency. Although the need for regular technical assistance to the committee has now reduced, current technical assistance to the zonal committees from any technical assistance agency should, however, continue for smooth functioning of the committee activities.

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**Annexure: 1**

**COMPOSITION OF THE ZONAL HEALTH AND FAMILY  
PLANNING COORDINATION COMMITTEE**

Chairman	:	Zonal Executive Officer
Advisors	:	Local ward commissioners
Member- Secretary	:	Assistant Health Officer
Members	:	Thana Family Planning Officer
		Representative from Civil Surgeon Office
		Representative of local NGOs
		Physician from govt. Dispensaries
		Private sector representative
		Local social activists
		Representative from municipal health facilities

## **Annexure: 2**

### **TOR OF ZONAL HEALTH AND FAMILY PLANNING COORDINATION COMMITTEE**

1. Establish coordination among government, NGOs and private sector providers of health and family planning services within the zone.
2. Regularly review the content, distribution and utilization of existing primary health-care services to determine areas of low coverage, gaps and overlaps in wards and take appropriate steps to solve the problems.
3. Review existing primary health-care resources to assess technical needs.
4. Prepare a zonal work plan and review the progress twice a year.
5. Promote the establishment of ward level coordination committees to foster community participation and local health promotion activities.
6. Establish information systems on local primary health services and needs.
7. Increase health education activities and institute mechanisms to address consumer queries.
8. Can co-opt members and include issues in the TOR based on the local requirements .



## Annexure: 3

আঞ্চলিক কার্যালয়  
অঞ্চল-  
ঢাকা সিটি করপোরেশন

স্মারক নং .....

তারিখঃ .....

প্রতি .....

বিষয়ঃ ঢাকা সিটি করপোরেশনের ..... নং অঞ্চলের স্বাস্থ্য ও পরিবার পরিকল্পনা সমন্বয় কমিটির  
মাসিক সভা

জনাব,

আগামী ..... তারিখ রোজ ..... সকাল ..... ঘটিকার সময় অঞ্চল ..... এর  
স্বাস্থ্য ও পরিবার পরিকল্পনা সমন্বয় কমিটির মাসিক সভা আঞ্চলিক নির্বাহী কর্মকর্তার কার্যালয়ে অনুষ্ঠিত হবে।

উক্ত সভায় আপনি অথবা আপনার সংগঠনের একজন দায়িত্বপ্রাপ্ত কর্মকর্তাকে উপস্থিত থাকার জন্য বিশেষভাবে  
অনুরোধ জানাচ্ছি।

.....  
সদস্য সচিব

স্বাস্থ্য ও পরিবার পরিকল্পনা সমন্বয় কমিটি  
অঞ্চল .....

আলোচ্য সূচীঃ

- ১। গত সভার কার্য বিবরণী পর্যালোচনা ও অনুমোদন
- ২। কমিটির দায়িত্ব ও কর্তব্য নির্ধারণ
- ৩। অঞ্চল পর্যায়ে তথ্য সংরক্ষণ ব্যবস্থা প্রতিষ্ঠা করা
- ৪। জোন পর্যায়ে মিজেল্‌স ও টিটেনাসের বিশেষ কার্যক্রম
- ৫। বিবিধ।

সদয় অবগতির জন্য অনুলিপি প্রেরণ করা হইলঃ

- ১। প্রধান নির্বাহী কর্মকর্তা, ঢাকা সিটি করপোরেশন
- ২। সচিব, ঢাকা সিটি করপোরেশন
- ৩। প্রধান স্বাস্থ্য কর্মকর্তা, ঢাকা সিটি করপোরেশন
- ৪। মেয়র মহোদয়ের একান্ত সচিব, ঢাকা সিটি করপোরেশন
- ৫। পরিচালক, প্রাথমিক স্বাস্থ্য পরিচর্যা, স্বাস্থ্য অধিদপ্তর

- ৬। সিভিল সার্জন, ঢাকা
- ৭। উপ-পরিচালক, পরিবার পরিকল্পনা, ঢাকা
- ৮। বেসিক্স
- ৯। অফিস কপি।

**Annexure : 4**

**URBAN MCH- FP INITIATIVE**

**QUESTIONNAIRE FOR MID- TERM EVALUATION OF PLANNING  
AND  
COORDINATION OF SERVICES INTERVENTION**

Name of interviewee : ..... |\_\_|

ID No: ..... |\_\_|\_\_|\_\_|

Designation : ..... |\_\_|\_\_|

Organization : ..... |\_\_|\_\_|

Zone: ..... |\_\_|\_\_|

Name of interviewer : ..... .INT. # |\_\_|\_\_|

Date of interview : \_\_\_/\_\_\_/\_\_\_

Special Question: What are the three main health problem in your area?

1 ..... |\_\_|

2 ..... |\_\_|

3 ..... |\_\_|

Section - 1 : FORMATION OF ZONAL COMMITTEE

1. Do you know when the zonal health and family planning coordination committee was formed ?

- a. Three months back ..... 1
- b. Six months back ..... 2
- c. One year back ..... 3
- d. Can't remember ..... 4
- e. Don't know ..... 9

[ stop interview]

2. Do you know why this committee was formed ?

- a ..... |\_\_|
- b ..... |\_\_|
- c ..... |\_\_|
- d ..... |\_\_|

3. Do you know who is the chairman /member Secretary /Advisor/Member of the committee ?

- a. Chairman ..... |\_\_|
- b. Member Secretary ..... |\_\_|
- c. Advisor ..... |\_\_|
- d. Member ..... |\_\_|

## Section -2 : MEETING OF THE ZONAL COMMITTEE

4. Is there any schedule for holding the committee meetings ?

1 = Yes                      2 = No      9 = Don't know

5. How many meeting was planned for last six month ?

|\_\_\_\_\_|                      9 = Don't know

6. How many of the meetings were held during last six month ?

|\_\_\_\_\_|                      9 = Don't know —> skip to Q - 9

[if meeting held less then plan ask - Q7, if same as plan skip to Q8]

**[[check Q - 4, if coded 2 or 9 & Q - 5, if coded 9 then skip to Q - 8]]**

7. What were the causes of not holding a scheduled meetings ? Y N

- |   |   |    |
|---|---|----|
| a) Zone office did not organize           | 1 | 2  |
| b) Committee is not well organized        |   | 12 |
| c) Political unrest                       | 1 | 2  |
| d) Other priorities                       | 1 | 2  |
| e) Non cooperation from committee members | 1 | 2  |
| f) Don't know /can't remember             | 1 | 2  |
| g) Others                                 | 1 | 2  |

8. Were there any specific agenda for the meetings ?

1 = Yes

2 = No

**SECTION 3 : WORK PLAN / ACTION PLAN**

9. Is there any work plan / action plan for the committee ?

1 = yes, monthly

2 = yes, two monthly

3 = yes, quarterly

4 = yes, half yearly

5 = Yes, yearly

6 = No work plan

9 = Don` t know

|\_\_\_|----> skip to Q - 13

10. What are the major activities of the work plan / action plan?

a) ..... |\_\_\_|

b) ..... |\_\_\_|

c) ..... |\_\_\_|

d) ..... |\_\_\_|

e) ..... |\_\_\_|

f) ..... |\_\_\_|

11. Is there any activity of the work plan which has not been implemented?

1 = Yes

2 = No —> [ skip to Q - 13] .

12. If yes, why ?

a. .... |\_\_|

b. .... |\_\_|

c. .... |\_\_|

d. .... |\_\_|

13. What are your comments about usefulness of the committee?

a. .... |\_\_|

b. .... |\_\_|

c. .... |\_\_|

d. .... |\_\_|

14. Do you have any suggestions how to improve the committee ?

a. .... |\_\_|

b. .... |\_\_|

c. .... |\_\_|

d. .... |\_\_|