

MCH-FP Extension Project (Rural)
Health and Population Extension Division (HPED)



CENTRE
FOR HEALTH AND
POPULATION RESEARCH

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The Centre

The Centre is a unique global resource dedicated to the highest attainable level of scientific research concerning the problems of health, population and development from a multidisciplinary perspective. The Centre is in an exceptional position to conduct research within the socio-geographical environment of Bangladesh, where the problems of poverty, mortality from readily preventable or treatable causes, and rapid population growth are well-documented and similar to those in many other developing countries of the world. The Centre currently has over 200 researchers and medical staff from 10 countries participating in research activities. The Centre's staff also provide care at its hospital facilities in Dhaka and Matlab to more than 100,000 patients a year and community-based maternal/child health and family planning services for a population of 100,000 in the rural Matlab area of Bangladesh. In addition, the Centre works closely with the Government of Bangladesh in both urban and rural extension projects, which aim at improving the planning and implementation of reproductive and child health services.

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The Centre is governed by a distinguished multinational Board of Trustees. The research activities of the Centre are undertaken by four scientific divisions: Clinical Sciences Division, Community Health Division, Laboratory Science Division, and Health and Population Extension Division, Administrative functions are undertaken by two divisions, namely Finance and Administration and Personnel.



Improving Mother and Child Health In Rural Bangladesh Towards Better Quality of Life

CORRIGENDUM

- Page 8: First paragraph, seventh line, last word should read: helped, instead of helps.
Page 15: Last line should read: Family planning means far more than contraceptive use.
Page 43: First line, fourth word should read: national programme, instead of Project.

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RECEIVED 20 MAY 1997

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Secretary,
Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh

Foreword

The partnership between the Government of Bangladesh and the ICDDR,B MCH-FP Extension Project (Rural) extends for over a decade and a half. In recent years, the Project has consistently and significantly increased its assistance to the national health and family planning programme. Many of the Extension Project's operations research interventions have been successfully replicated in the national programme.

In the light of ICPD and national priorities, the Government of Bangladesh has decided to support a policy to provide a comprehensive Essential Service Package that meets family planning and other reproductive health needs to ensure safe motherhood, child survival, and better health care for the whole family. Furthermore, health education and awareness raising are very much on the Government's health policy agenda. To meet these objectives, the MCH-FP Extension Project (Rural), the largest collaborative effort between the Government of Bangladesh Ministry of Health and Family Welfare and the ICDDR,B, is working as a research arm of the Government.

This document originates from an audio-visual presentation on the Rural Extension Project. The presentation aptly captures almost fifteen years of the Project's work and records its efforts to improve management, ensure quality of care and promote the sustainability of the national health and family planning programme. The document gives a clear view of the Project's future priorities and activities corresponding to national needs.

Indeed, the ICDDR,B and its MCH-FP Extension Project (Rural) should be complemented on their long history of very high quality work. This work derives from field testing of interventions in the Project's laboratory areas, and is adequately backed by a rich longitudinal data base. This work will be continued and strengthened in the future, so the Government, donors, NGOs and the private sector, can all benefit from scientifically designed operations research findings. Without this sort of support, different agencies often end up duplicating efforts. The programme, at this critical juncture, can not afford wastage. Let us all, therefore, work together, as one unified team towards better health and well being of our people.


Muhammed Ali

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ACKNOWLEDGEMENTS

The MCH-FP Extension Project (Rural) is a collaborative effort of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) and the Ministry of Health and Family Welfare (MOHFW) of the Government of the People's Republic of Bangladesh, supported by the Population Council. Its purpose is to improve the delivery of maternal and child health and family planning services through the MOHFW programme.

This publication is funded by the United States Agency for International Development (USAID) under the Cooperative Agreement No.388-0071-A-00-3016-03 with ICDDR,B. ICDDR,B is supported by the aid agencies of the Governments of Australia, Bangladesh, Belgium, Canada, China, Denmark, Germany, Japan, the Netherlands, Norway, Republic of Korea, Saudi Arabia, Sri Lanka, Sweden, Switzerland, Thailand, the United Kingdom, and the United States; international organizations, including the Arab Gulf Fund, Asian Development Bank, European Union, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and the World Health Organization (WHO); private foundations, including Aga Khan Foundation, Child Health Foundation, Ford Foundation, Population Council, Rockefeller Foundation, and the Sasakawa Foundation; and private organizations, including American Express Bank, Bayer A.G., CARE, Family Health International, Helen Keller International, the Johns Hopkins University, Macro International, New England Medical Centre, Procter Gamble, RAND Corporation, SANDOZ, Swiss Red Cross, the University of Alabama at Birmingham, the University of Iowa, and others.

Improving Mother and Child Health In Rural Bangladesh: Towards Better Quality of Life



In its short history as a nation, Bangladesh has made remarkable strides toward improving the well being of its people.



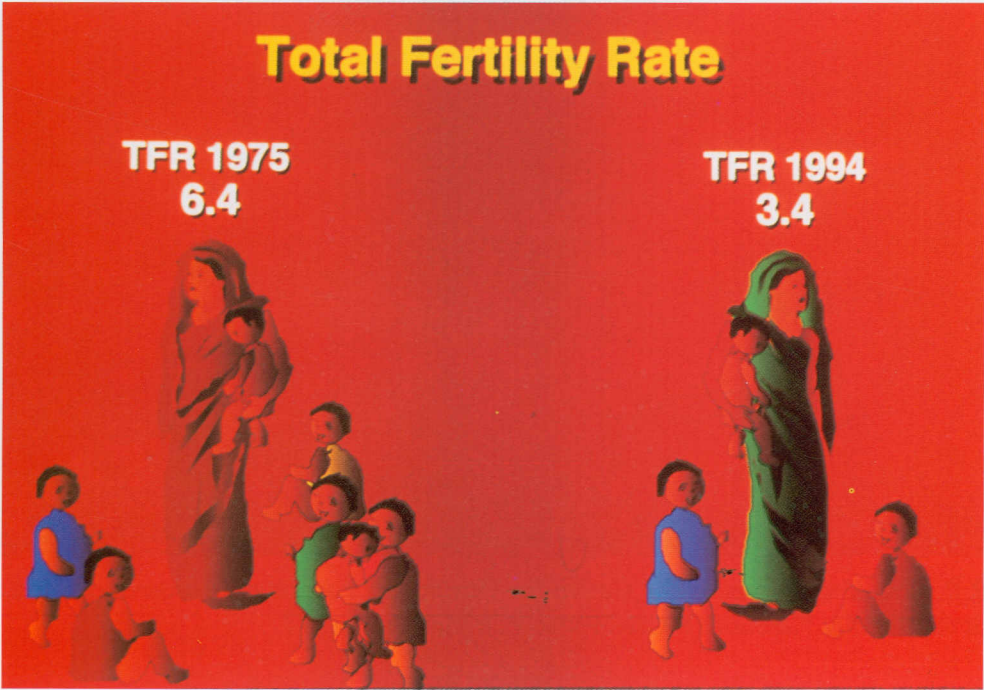
People of Bangladesh now can expect to live ten years longer than a decade ago.

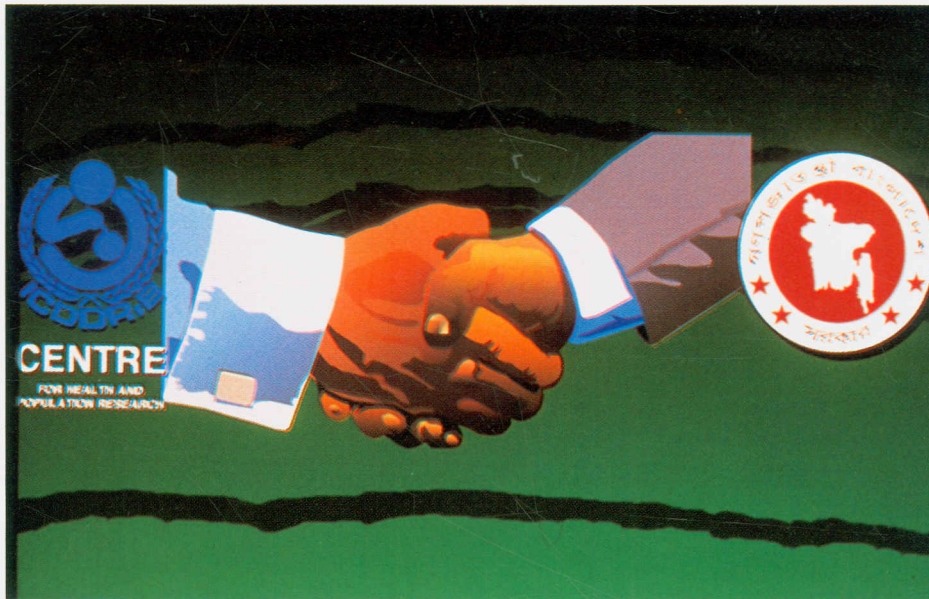
Infant mortality has been reduced by about 30 per cent in the past 15 years, a considerable achievement for a low income country.





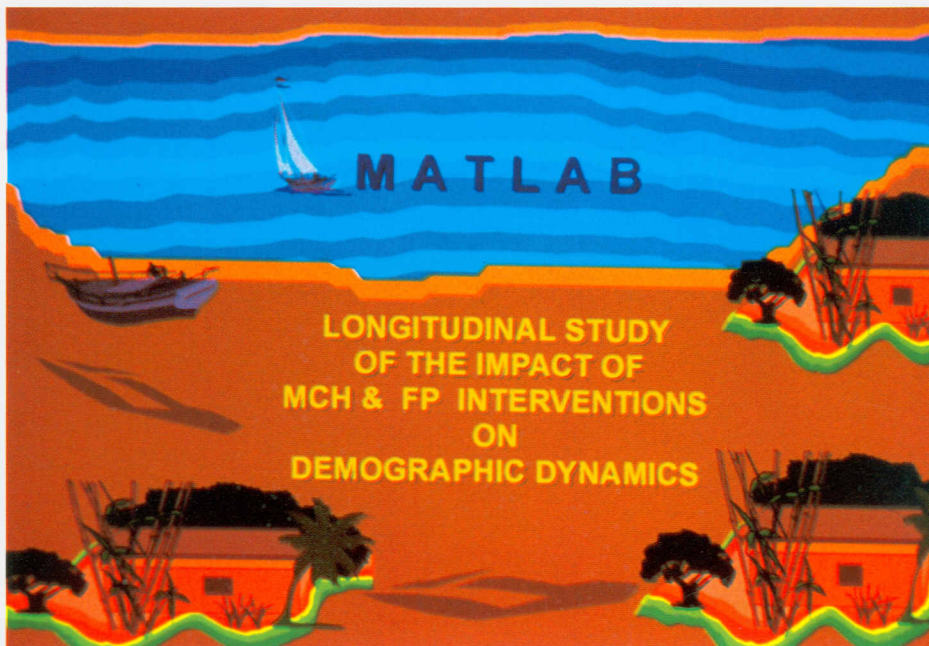
In the past two and a half decades, the Government of Bangladesh has built a sizeable health and family planning infrastructure, resulting in an impressive network of facilities and workers. Consequently, Bangladesh has achieved considerable success in its family planning programme, leading to a dramatic decline in its fertility.



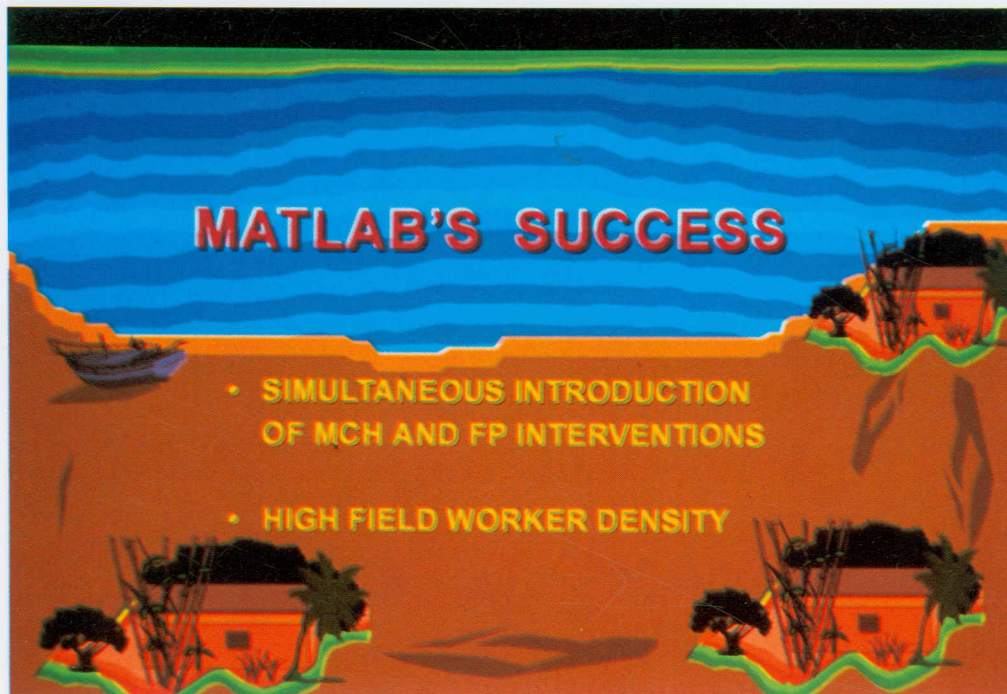


MATLAB: The Genesis

Much of the credit for this remarkable progress goes to the strong political will and commitment of the Government of Bangladesh. This has been complemented by generous donor support. Without the efforts of field-level providers and community members, the success could not have been achieved. The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) takes pride in its dynamic role in strengthening the National Health and Family Planning programme.



The ICDDR,B, now also known as the Centre for Health and Population Research, started its Mother, Child Health and Family Planning (MCH-FP) work in Matlab, in 1977.



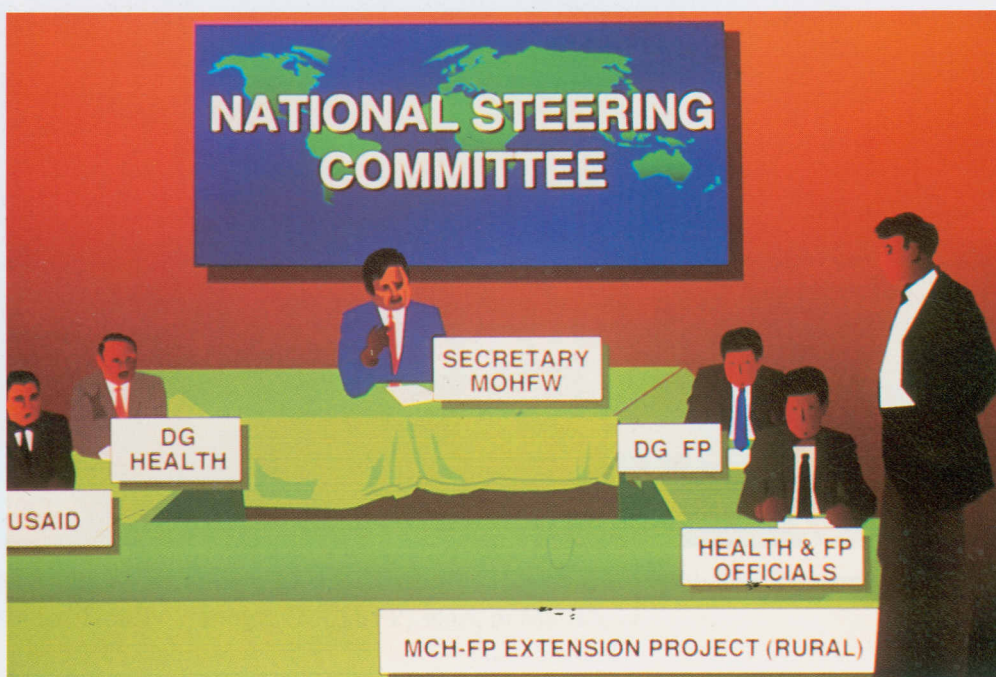
Matlab's success prompted the Bangladesh Government to ask the Centre to test the feasibility of introducing the successful elements of the Matlab Project into the national FP-MCH programme, using government resources, mechanisms and procedures.





MCH-FP EXTENSION PROJECT (RURAL)

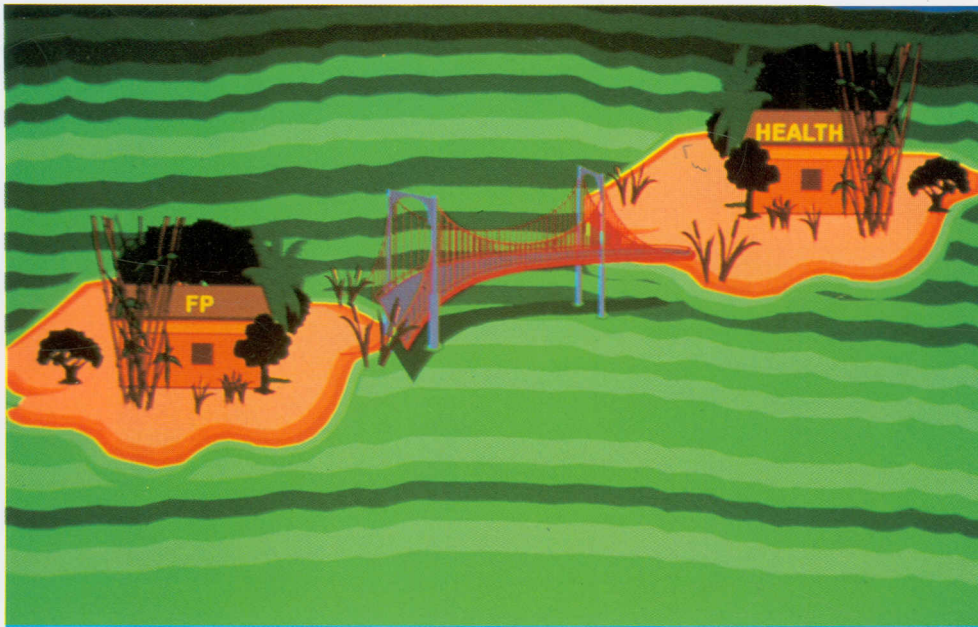
The result was the creation of the Rural MCH-FP Extension Project in 1982, the largest collaborative operations research effort between the Centre and the Ministry of Health and Family Welfare. The Project, funded by USAID, receives technical assistance from The Population Council. A National Steering Committee, headed by the Health Secretary, provides overall policy guidance to the Project and reviews its activities.





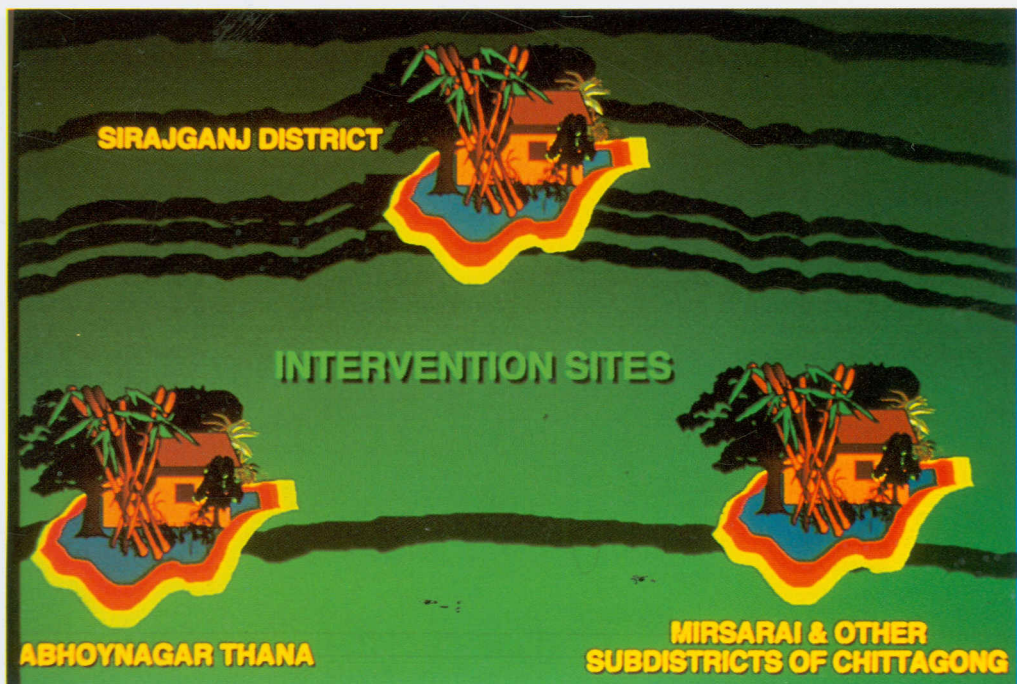
In a committed partnership among the Project staff, the government policy-makers and managers at all programme levels, innovations are being successfully scaled up to the national level, without major additional resources or structural changes.





The Project has worked to foster cooperation between the government sectors and agencies concerned. The Project has also helps to strengthen the links between the Health Directorate and the Family Planning Directorate of the Ministry of Health and Family Welfare.

In 1982, the Project set up field sites at Sirajganj and Abhoynagar. In 1994, the Project began to assist the national programme in raising health and family planning performance in low performing areas. Accordingly, a new field site was opened at Mirsarai in Chittagong, the lowest performing division of the country, both in terms of health and family planning indicators. Subsequently, the Project set up more laboratory areas in Sitakundu and Patiya and ten other rural thanas of Chittagong District.



OPERATIONS RESEARCH (OR) APPROACH

- **DEFINITION AND ANALYSIS OF THE PROBLEM**
- **DEVELOPMENT AND ASSESSMENT OF POTENTIAL SOLUTION(S)**
- **VALIDATION OF THE SOLUTION(S) SELECTED**

OBJECTIVES AND METHODOLOGY

In pursuing its current objective of strengthening the national health and family planning programme, the Project is involved in full cycle of operations research.

Over the years, the Project has designed and tested a number of interventions in key programmatic areas which address major concerns of the national programme. These areas are:

■ **MANAGEMENT IMPROVEMENT**

■ **QUALITY OF CARE**

■ **SUSTAINABILITY**

THROUGH:

☼ **APPLIED RESEARCH**

☼ **TECHNICAL ASSISTANCE**

☼ **DISSEMINATION**

Why is there a need to address management issues?

Efficient and effective management is essential to the Health and Family Planning Programme, which has large work force, a sizeable physical infrastructure, substantial logistics and supply systems, and a large Management Information System (MIS). The Rural Extension Project has addressed some of the critical management issues.



Why is Quality of Care a priority?

Despite the steady increase in contraceptive prevalence, the continuation rate remains low. Hence, issues related to quality of care need to be addressed in order to further strengthen the programme.

The Project has assisted in improving the technical skills of providers, increasing method choice, improving infection prevention and control through the development of IUD sterilisers, and establishing referrals and linkages at different service delivery levels.



Why is Sustainability a major concern?

To reduce the heavy donor dependence of the national programme, ways and means need to be developed to achieve programme sustainability. The Project has designed and tested a number of cost-effective alternatives to the existing home-based service delivery approach, as well as offered a package of health and family planning services from one location.



PROJECT ACTIVITIES/ACCOMPLISHMENTS

In the earlier stages of the national programme, the focus was on increasing contraceptive coverage. Accordingly, the Project identified key factors that could improve access and effective service delivery. The Government accepted the Project's recommendations to increase field worker density and to enhance the skills of the workers through better training and supervision. Subsequently, the Project provided technical assistance in the recruitment of an additional 10,000 field workers. A record keeping system was developed to enable these Family Planning workers to perform more effectively and efficiently.

THE EARLY STAGE

- **INCREASED FIELD WORKER DENSITY**
- **A WELL DESIGNED RECORD KEEPING SYSTEM**
- **EXPANDED CHOICE OF CONTRACEPTIVE METHODS**

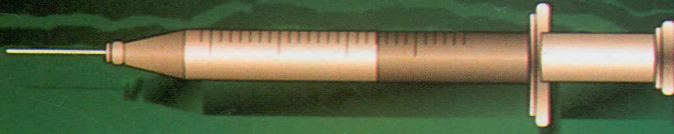




After several adaptations and improvements, a client-oriented record keeping system was adopted nationwide, known as the Family Welfare Assistant Register. Subsequently, a similar Health Assistant Register was developed for grass-roots health workers. The registers help field workers to record information obtained during client contact and effectively transfer information from the field to the national level. The registers also serve as monitoring tools for field worker performance.



INJECTABLE CONTRACEPTIVES



- **EXPAND METHOD CHOICE**
- **CONVENIENT DOORSTEP DELIVERY**

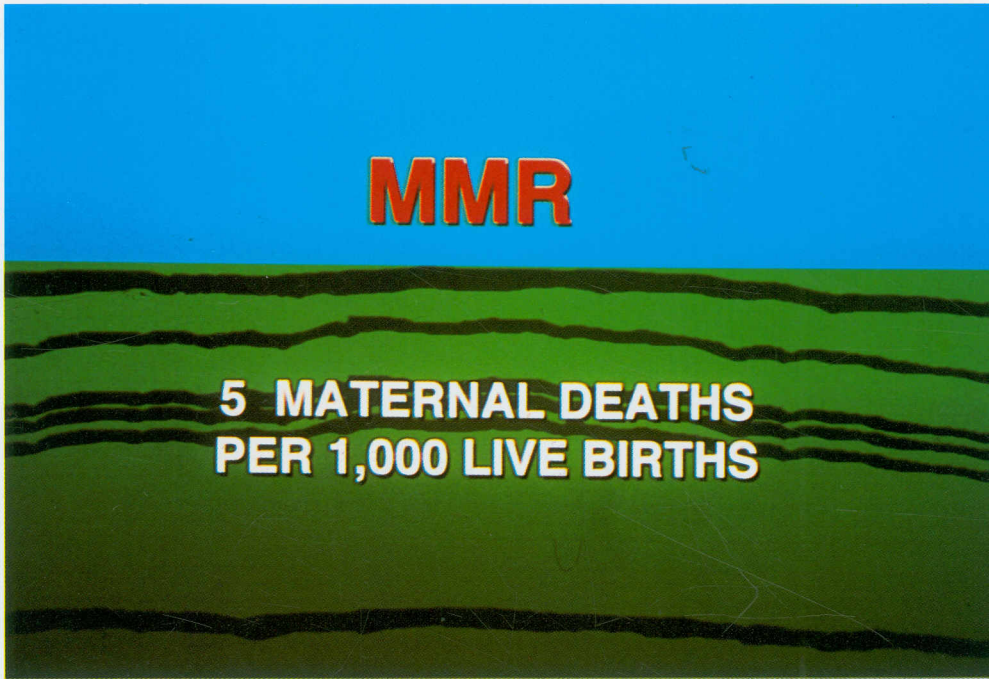
In its efforts to expand the choice of contraceptive methods, the Project has tested the feasibility of having Family Planning workers deliver injectable contraceptives at women's homes.





The programme has matured over the years. Also, positive social changes, such as increased mobility of women, have taken place. Furthermore, there is the need to make the programme more sustainable. These factors have all led the Project to design and field-test an alternative service delivery approach, known as Cluster Visitation. Under this approach, women are encouraged to go to a fixed house in the neighbourhood for services, instead of health workers visiting women individually at their homes. Encouraged by the initial findings, the Cluster Visitation approach has already been replicated by several large NGOs, and the Government is seriously considering its replication in the national programme. Although it may appear that the focus of this MCH-FP programme is heavily weighted towards family planning, this is deceptive, as maternal and child health are intrinsically related to family planning. Improvements in family planning necessarily affect maternal and child health. Family planning far more than contraceptive use.





In Bangladesh, each year, approximately 25,000 women die of complications related to pregnancy and childbirth.



Smaller families, child spacing, and reducing the number of high risk pregnancies mean better health for mothers and children. These changes will eventually help to reduce maternal and infant mortality. Family planning also prevents the number of unwanted pregnancies, thereby reducing the need for abortions.

REPRODUCTIVE HEALTH SERVICES

- **FAMILY PLANNING EDUCATION**
- **CONTRACEPTIVE SERVICES**
- **MANAGEMENT OF SIDE-EFFECTS AND COMPLICATIONS**
- **ANTENATAL CARE AND TT IMMUNIZATION**
- **SAFE DELIVERY (INCLUDING EOC)**
- **POSTNATAL CARE**
- **NEONATAL CARE (INCLUDING BREAST FEEDING)**
- **MANAGEMENT OF STDs, RTI , HIV, AIDS**

Reproductive Health Services are a translation of this concept into a concrete programme.



Women die of obstetric complications which need not be fatal if they are treated in time at facilities which are properly staffed and equipped to deal with emergencies. Accordingly, the Project designed and began field testing basic Emergency Obstetric Care (EOC) at Abhoynagar in December 1993. Based on the lessons learned from the basic EOC intervention at Abhoynagar and the need for more comprehensive maternity services, the Project designed comprehensive EOC for Mirsarai in 1995. Along with basic obstetric care, this intervention includes blood transfusion and caesarean section.





The Project notes with pride that the country's first caesarean section at the sub-district level in rural Bangladesh took place last year at Mirsarai.



The Government's strong support and commitment had an important role in the success of this intervention. This is clearly reflected in the visit to the Mirsarai Thana Health Complex by the Honourable Health Minister, an Honourable Member of Parliament, the Health Secretary and other senior officials, soon after this important event.



Unfortunately, even the most sophisticated emergency Obstetric Care facility cannot save women's lives if they arrive at the facility too late. To prevent crucial delays, awareness-raising efforts, through pictorial cards, have been undertaken in the community to alert families to take appropriate action when obstetric emergencies arise.

The Project designed and distributed pictorial cards which explain the warning signs of pregnancy. Proper linkage and referral systems at different levels of service delivery have also been designed, to help ensure that women get to the proper facility and receive timely treatment.





Stand alone programmes such as Satellite Clinics operated by the Family Planning Directorate and Expanded Programme on Immunization (EPI) Centres operated by the Health Directorate serve a limited purpose. Consequently, there are missed opportunities for providing additional services at each of these separate sites.



The Project, therefore, designed an intervention to combine and deliver Satellite Clinic and EPI services from one spot. Field testing of this intervention began in January 1995. Both the clients and providers find the combined service delivery system more convenient. This innovation has resulted in a three-fold increase in client attendance.





The proven effectiveness of both health and family planning workers providing coordinated services from one spot, and the increasing need in the community for a broader range of reproductive health services has led to the development of a high impact **Basic Service Package**. The package provides both family planning and reproductive health services as well as health services for children. The field testing of this intervention began in August 1996, and the findings from this intervention will be used in the design of the country's next health and population plan.

SATELLITE CLINIC + EPI

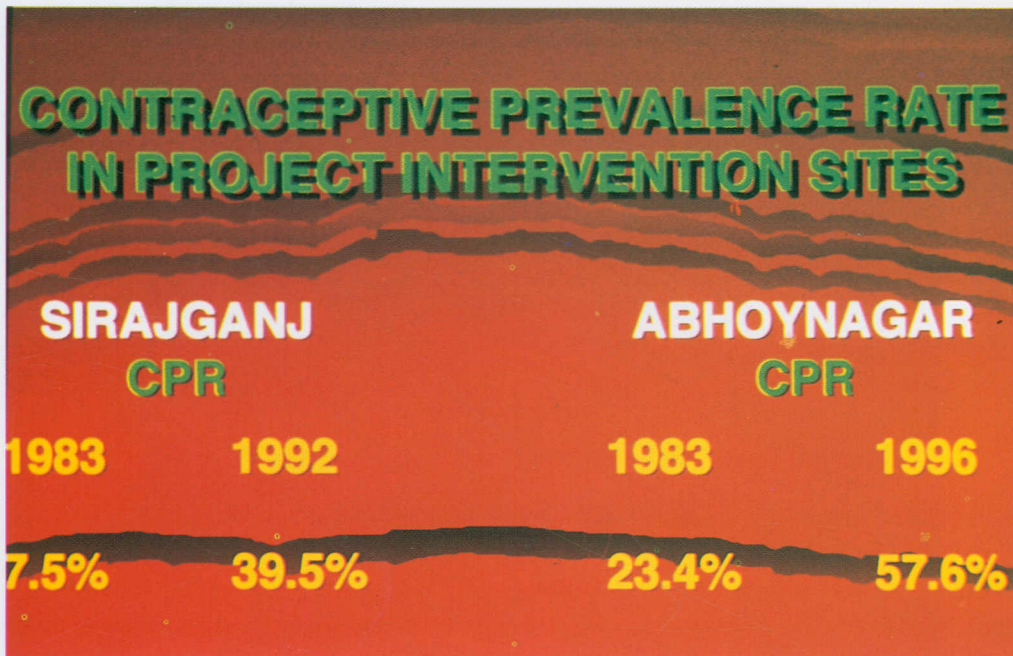
BSP THE BASIC SERVICES PACKAGE

FP & REPRODUCTIVE HEALTH

- CONTRACEPTIVE SERVICES
- SIDE-EFFECTS AND COMPLICATIONS
- ANTENATAL CARE
- TT IMMUNIZATION
- POSTNATAL CARE
- STDs, RTI, HIV, AIDS

HEALTH

- IMMUNIZATION
- VITAMIN A
- ARI
- DIARRHOEA
- MALNUTRITION
- SCABIES
- WORM INFESTATION
- TB
- LEPROSY



In order to investigate and track the impact of the various interventions and to measure the Project's progress, a longitudinal surveillance system, called the SRS, was designed at the beginning of the Project.



THE SAMPLE REGISTRATION SYSTEM

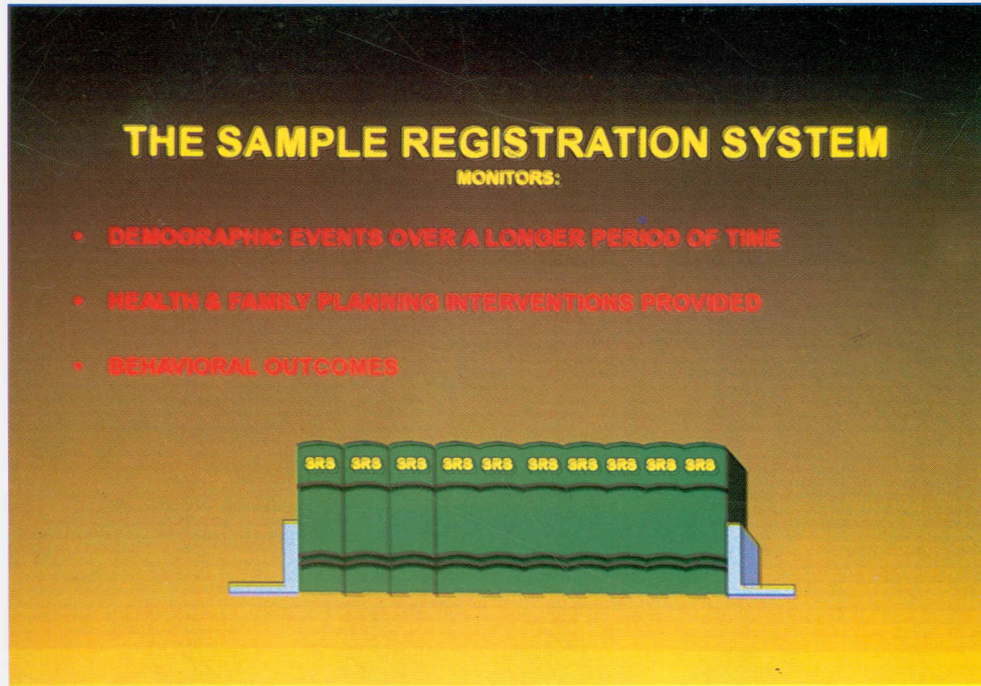
MONITORS:

- DEMOGRAPHIC EVENTS OVER A LONGER PERIOD OF TIME
- HEALTH & FAMILY PLANNING INTERVENTIONS PROVIDED
- BEHAVIORAL OUTCOMES



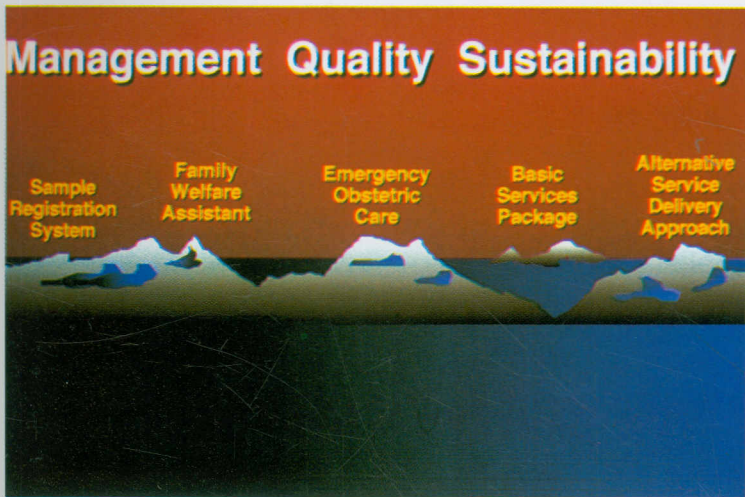
The SRS monitors demographic events such as births, deaths, marriages, migrations; the health and family planning services received by the population; and the behavioural outcomes of these services. The SRS is a flexible tool which can be easily adapted to meet the unique needs of the project. We are pleased to note that the Project's SRS has already been replicated outside of Bangladesh, first in the Navrango Project in Ghana, and now in the Gambia, Tanzania, Uganda, and Indonesia. The SRS indicators which have documented Project success include contraceptive prevalence rate, method continuation, maternal and child mortality, and fertility.



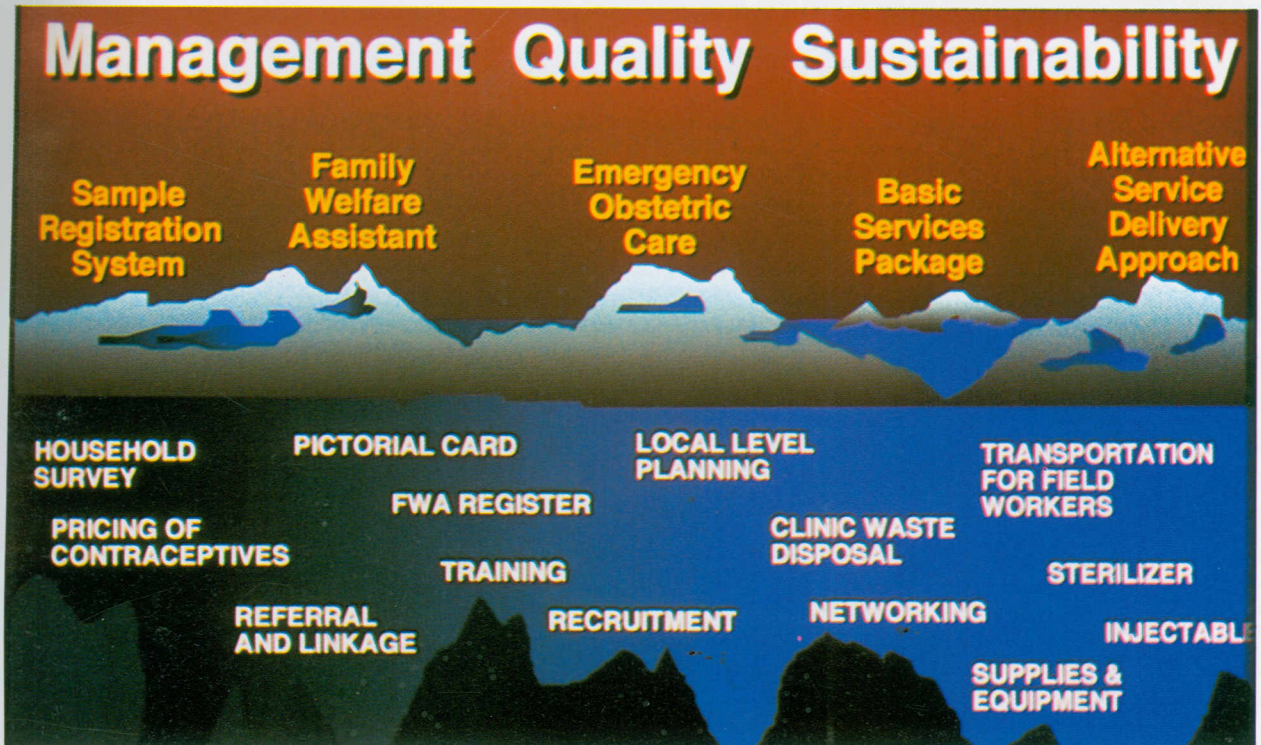


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These are merely the highlights of the Rural MCH-FP Extension Project. In addition to these accomplishments, the project is also involved in a wide range of related operations research in areas which include field worker training, record-keeping, clinical waste disposal and IUD sterilisers as well as transportation for field workers, pricing of contraceptives, and networking.





The Project's accumulated findings have been used to a great extent in the preparation of the health and population plans of Bangladesh, and will continue to do so in the future.

MAJOR PROGRAMMATIC/ POLICY CHANGES

POLICY AND PROGRAMMATIC CHANGES

1986 ☀ **Recruitment of 10,000 FWAs**

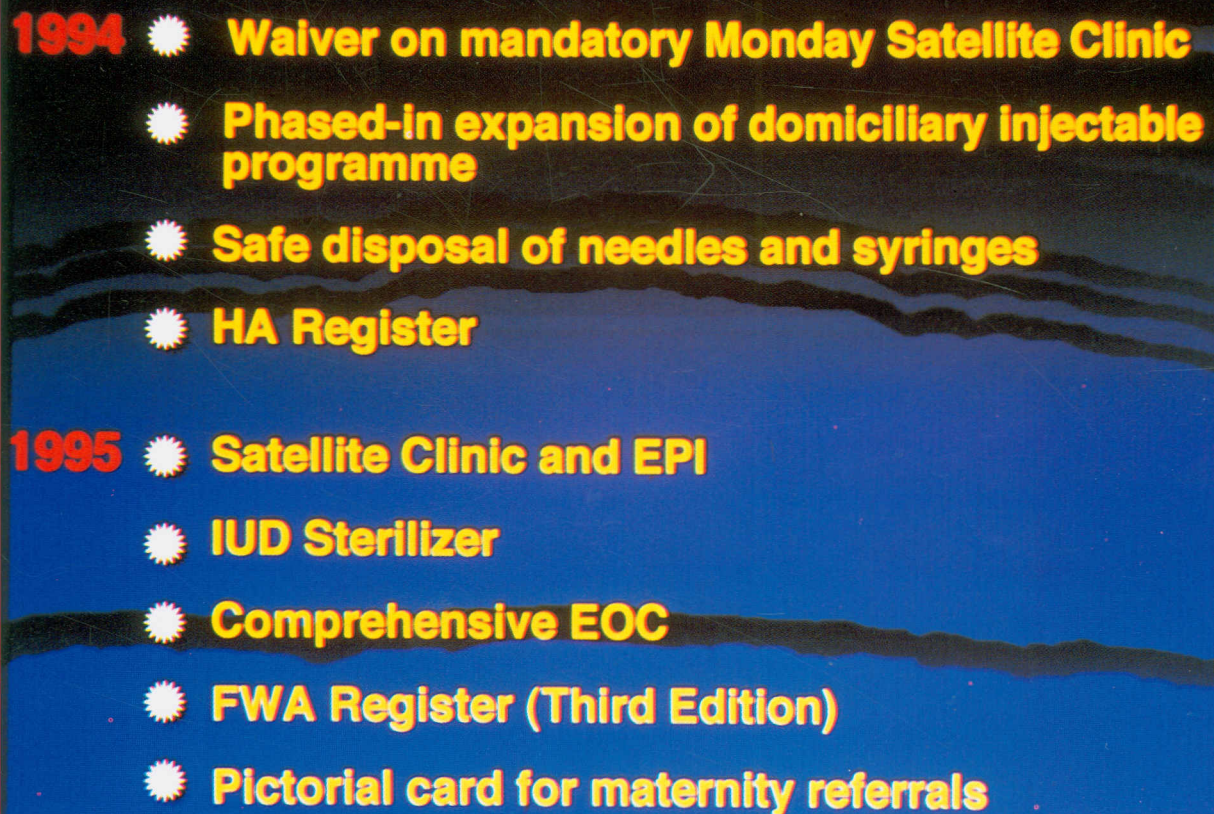
1989 ☀ **FWA Register (First Edition)**

- ☀ **Antenatal screening checklist**
- ☀ **Client FP screening checklist**

1992 ☀ **Transport for FWV for Satellite Clinics**

- ☀ **Safe disposal of needles and syringes**
- ☀ **FWA Register (Second Edition)**

From operations research findings, the Project has been able to make major programmatic and policy contributions to the national programme over the past decade. Based on the recommendation of the Project, the Government has recruited 10,000 additional field workers. The Project has contributed to various components of the MIS of the national health and family planning programme including the FWA and HA Registers, client screening checklists, and monitoring tools for frontline supervisors (like the FPI Diary and AHI Diary).

- 
- 1994** ● **Waiver on mandatory Monday Satellite Clinic**
 - **Phased-in expansion of domiciliary injectable programme**
 - **Safe disposal of needles and syringes**
 - **HA Register**
 - 1995** ● **Satellite Clinic and EPI**
 - **IUD Sterilizer**
 - **Comprehensive EOC**
 - **FWA Register (Third Edition)**
 - **Pictorial card for maternity referrals**

It has also helped local managers better organise logistics and management through the waiver of mandatory Monday Satellite Clinic. The success of the Project's injectable intervention led to its phased-in expansion nation-wide. Similarly, the combined Satellite Clinic and EPI intervention has now been replicated nation-wide. Favourable results of the EOC intervention have led to the Government's decision to introduce it soon in five other subdistricts and to adopt a plan to scale up the intervention nation-wide. The third generation FWA register has also been developed with technical assistance from the Project, as was the pictorial card for maternity referrals.

TECHNICAL ASSISTANCE TO GOB and NGOs

- **National Population Council headed by the Honourable Prime Minister**
- **National Steering Committee for future challenges in the FP-MCH Programme, chaired by the Honourable Minister, MOHFW**
- **Executive Committee of the National Steering Committee chaired by Secretary, MOHFW**
- **National Committee for Implementation of the ICPD Programme of Action, chaired by Secretary, MOHFW**

The policy changes which have taken place are accomplished through the presence of the Project's technical staff on various national committees and councils. Some of these are:

TECHNICAL ASSISTANCE TO GOB and NGOs

- **National Steering Committee for Population Research**
- **GO-NGO Coordination Committee**
- **Bangladesh Medical Research Council**
- **Technical Committee for Bangladesh Demographic and Health Survey**
- **Technical Advisory Committee of the Fifth Population and Health Project**

VISION FOR THE FUTURE

In the wake of the ICPD, health and population policy and priorities have undergone major changes. Population and Family Planning must and will remain at the top of the world's agenda for many years to come.

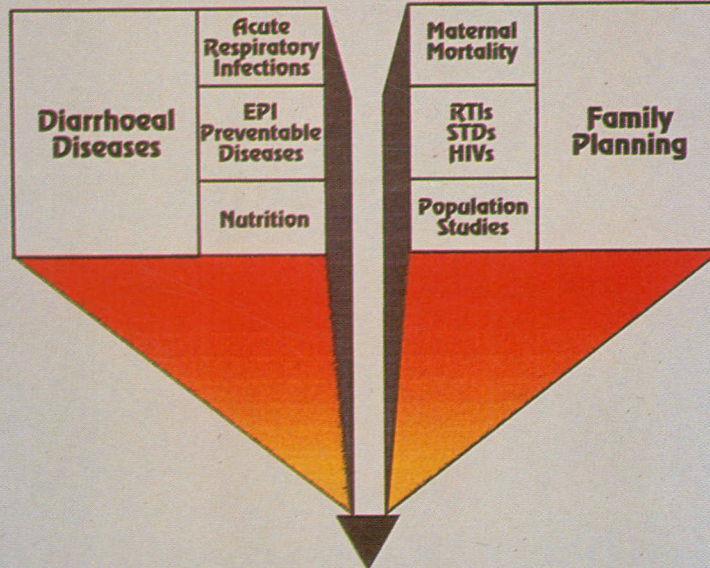


**THE CENTRE
for Health and Population Research**

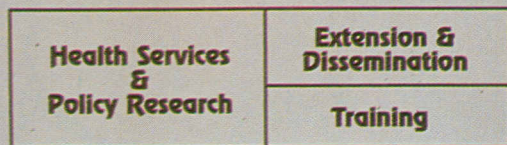
**STRATEGIC PLAN
-To The Year 2000-**

Child Survival

Population & Reproductive Health



Application and Policy



In Bangladesh, the national Health and Family Planning Programme will not only have to sustain the success it has already achieved but also improve and strengthen these advances. Accordingly, the national programme has taken pragmatic steps in response to the changing needs and priorities of the country. The Centre, in its Strategic Plan to the Year 2000, has committed itself to women's reproductive health, safe motherhood, child survival, and the prevention of sexually transmitted diseases.



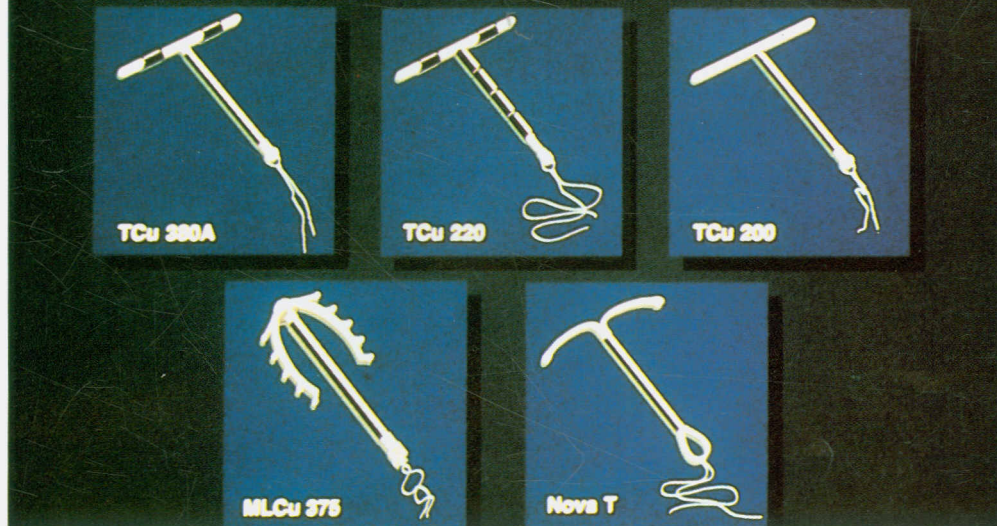
Health needs and preferences at the grass roots level have also changed. The intense family planning drive over the years has greatly improved the awareness level of the population with regard to contraceptives. The new dangers posed by high risk diseases, environmental degradation, and changing lifestyles in an impoverished country, however, have created new health needs that merit urgent attention. The vision, now, is to ensure better health for the *whole* family. The changing needs and priorities of families and the desire to ensure better health for all have prompted the Project to design interventions that provide a broader Basic Service Package, reach out to underserved groups, ensure quality of care, and promote greater sustainability of the programme. The following represent some of the programme expansions the Project is involved in.





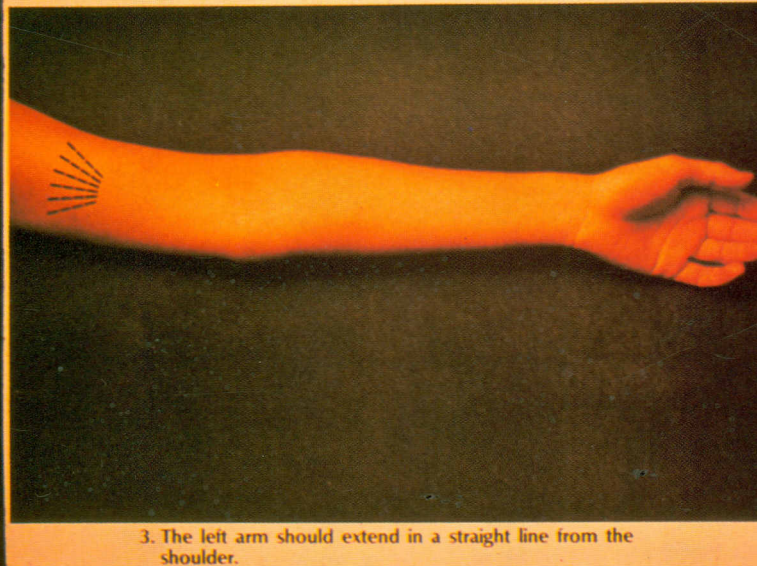
At the top of the Project's reproductive health agenda is **Strengthening Maternal and Neonatal Health**. The Government has decided to phase in comprehensive EOC services nation-wide. The Project is committed to providing technical assistance to the process. Based on experience from the EOC intervention, the Project aims to further strengthen referral and linkages from the grassroots to the various levels of service providers and facilities.

Copper IUDs



In Bangladesh, the rise in contraceptive prevalence has been largely due to the increased use of short-term methods like pills. In line with the Government's decision to make clinical contraceptives a priority, the Project's intervention on **Promotion of Clinical Contraceptives** will have a broader method mix with special emphasis on increasing the use of longer-acting clinical methods. These will include the IUD, Norplant, and non-scalpel vasectomy.

Preparatory measures



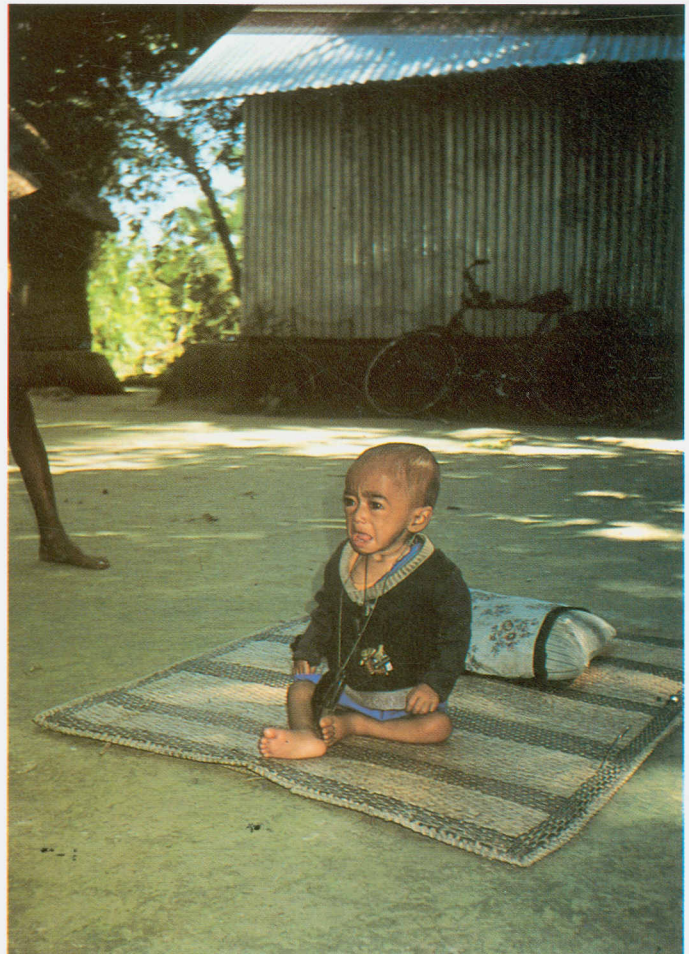


Reproductive Tract Infections (RTIs) and Sexually Transmitted Diseases (STDs) are a serious threat to the health and well-being of both men and women. Prevalence of HIV/AIDS poses a major public health threat to Bangladesh. A substantial number of people already suffer from RTI/STD. And since STD infection enhances the risk of HIV transmission, the Project's intervention on RTI/STD will introduce awareness-raising programmes regarding mode of transmission and means of prevention.



Low birth weight is one of the main causes of neonatal and perinatal mortality and morbidity in Bangladesh.

The Project's **Nutrition Intervention** aims to reduce the incidence of low birth weight as well as malnutrition among children under two years.





This will be done through health education, with an emphasis on extra food intake during pregnancy, breastfeeding and growth monitoring of children.



Despite the progress made, some segments of the population, mainly men and adolescents, have remained largely excluded from services. **Reaching out to these under-served groups**, therefore, has become a priority of the Project. To date, programme efforts have not targeted adolescents, who constitute a large proportion of the country's population. Adolescent girls gain access to health care only after they are married and pregnant. The Project aims to improve the knowledge of reproductive health among adolescent girls and boys through health education interventions in the schools and in the community. It is expected that this intervention will help prepare them for more responsible and meaningful reproductive lives.



Contraceptive methods have been mainly targeted to female clients and the service providers are also, by and large, women. As a result, only 4 per cent of the contraceptives used are male methods. The Project has, therefore, focused on **Male Involvement** as critical, not only for the attainment of replacement level fertility, but also for better reproductive health for both men and women. This intervention is expected to increase the adoption of male contraceptive methods, like condoms and vasectomy, and motivate men to be supportive of their wives' reproductive choices and method use. It will also educate men on the means of STD prevention.

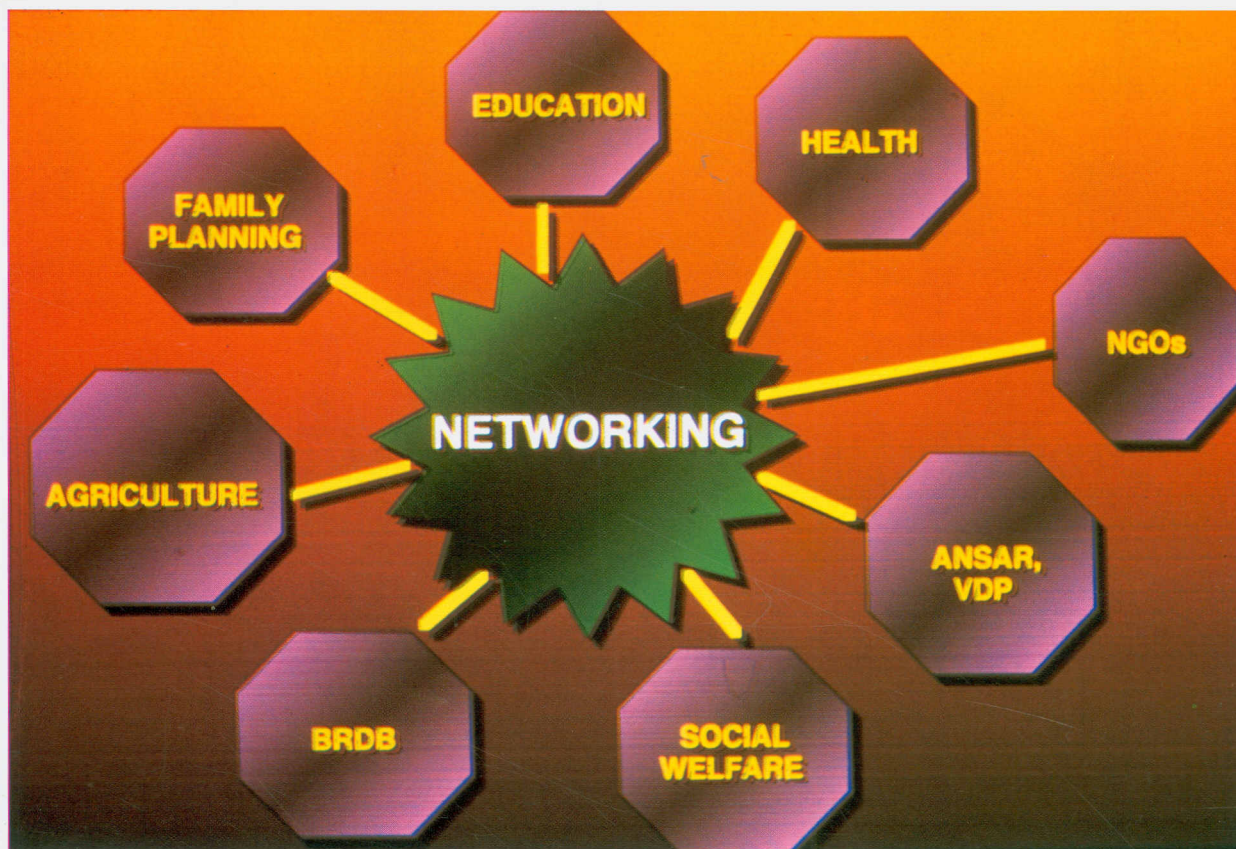


ENSURING SUSTAINABILITY

THROUGH:

- **ALTERNATIVE SERVICE DELIVERY APPROACH**
- **COST RECOVERY**
- **NETWORKING**

The challenge the Project faces is to maximise the use of existing resources by making the system optimally efficient. Operations research findings of the Project have identified ways to make this possible, through an **Alternative Service Delivery Approach**, **Cost Recovery**, and **Networking** among service providers.



Part of the reason that the National Health and Family Planning programme is so costly is its labour-intensive strategy of delivering services at the doorstep. With rising costs and a growing need to consolidate the Bangladesh programme, there is an even greater need for sustainability. A shift from doorstep delivery to delivery at fixed sites, which offer a broader range of services, is now being tested in the Project's **Alternative Service Delivery Approach** intervention.

Cost Recovery is now a crucial issue for policy makers to address. One mechanism through which the programme can address its rising costs and withstand possible fund reduction is by judicious application of user fees at service delivery points. The cost recovery intervention has been designed to initiate fees for supplies and services, and encourage clients to seek services at fixed sites outside of their homes.

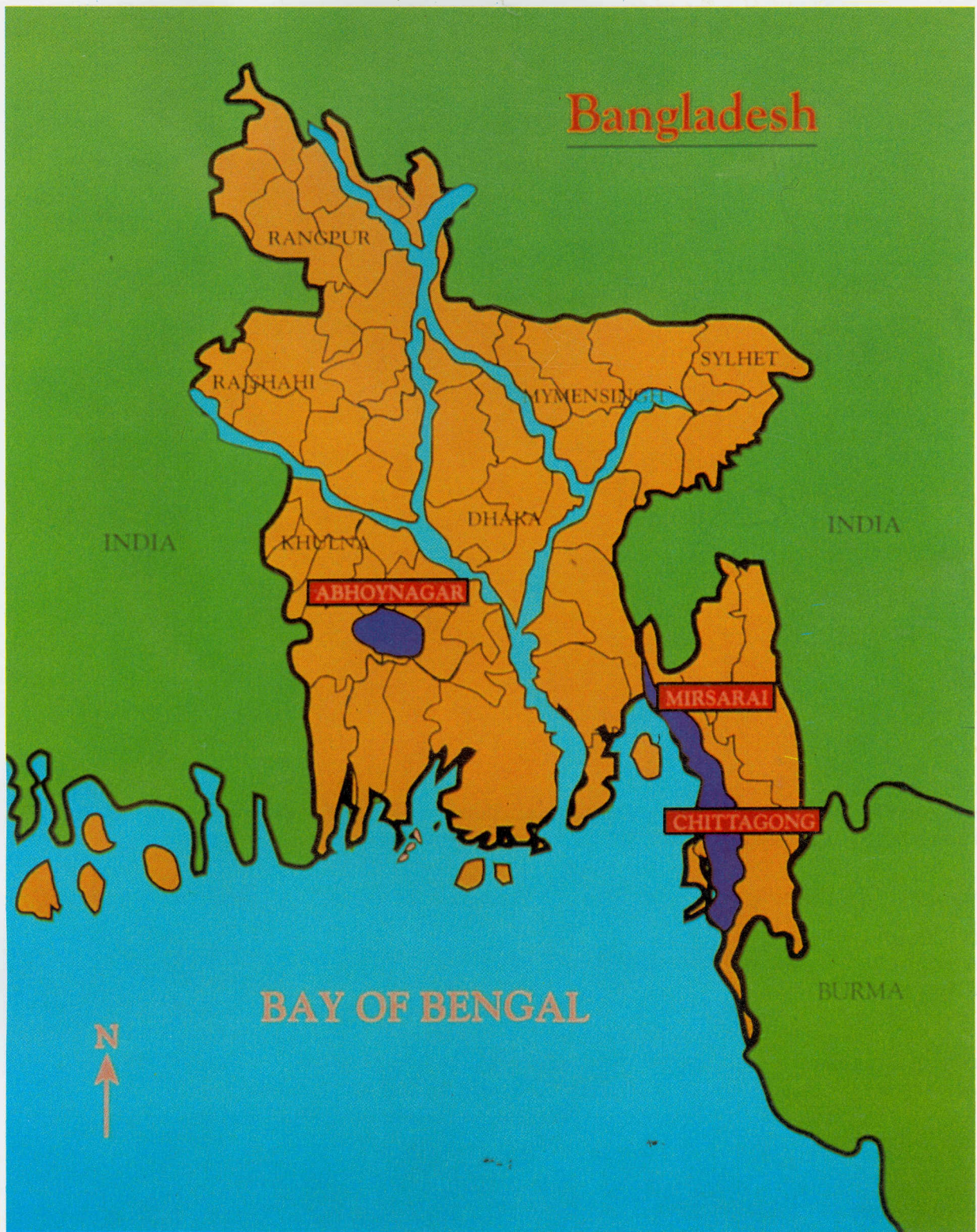
The **Networking Intervention** is an attempt to develop effective coordination between different sectors of the Government and the NGOs which provide family welfare services at the community level, in order to prevent duplication of efforts, and to tap missed opportunities for service provision. It is an important effort toward improved programme management and programme sustainability.

Through an intervention which provides a **Basic Service Package** at the family level, the Project expects to meet the nation's essential health needs. The Rural MCH-FP Extension Project, therefore, will play an even greater role as a partner in the national endeavour toward improving the quality of life of the people of Bangladesh, and will work to translate this vision into reality.





Map of Bangladesh Showing Project Intervention Sites



The Division

The reconstituted Health and Population Extension Division (HPED) has the primary mandate to conduct operations research to scale up the research findings, provide technical assistance to NGOs and GoB to strengthen the national health and family planning programme.

The Division has a long history of accomplishments in applied research which focuses on the application of simple, effective, appropriate and accessible health and family planning technologies to improve the health and well-being of the underserved and population-in-need. There are several projects in the Division which specialize in operations research in health, family planning, environmental health and epidemic control measures which cuts across several Divisions and disciplines in the Centre. The MCH-FP Extension Project (Rural), of course, is the Centre's established operations research project but the recent addition of its urban counterpart - MCH-FP Extension Project (Urban), as well as Environmental Health and Epidemic Control Programmes have enriched the Division with a strong group of diverse expertise and disciplines to enlarge and consolidate its operations research activities. There are several distinctive characteristics of these endeavors in relation to health services and policy research. First, the public health research activities of these Projects focus on improving programme performances which has policy implications at the national level and lessons for international audience. Secondly, these Projects incorporate the full cycle of conducting applied programmatic and policy relevant research in actual GoB and NGO service delivery infrastructures; dissemination of research findings to the highest levels of policy makers as well as recipients of the services at the community level; application of research findings to improve programme performance through systematic provision of technical assistance; and scaling-up of applicable findings from pilot phase to the national programme at Thana, Ward, District and Zonal levels both in the urban and rural settings.



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