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Directorate General of Family Planning  
Ministry of Health & Family Welfare

Bangladesh  
Population Clock  
**157,329,068**  
24 Decemb, 2015

## DGFP eBulletin

### News from the Field

## IN THE SPOTLIGHT

### DGFP launches e-Government Procurement (e-GP) System



- Directorate General of Family Planning has become first among the agencies under Ministry of Health and Family Welfare (MOHFW) to launch the e-GP system in procuring the goods under PPR-2006. Mr. Mohammed Nasim, MP, Minister, MOHFW graced the august gathering of the launching ceremony of e-GP system at the conference room of DGFP recently. Mr. Zahid Malek, MP, State Minister, MOHFW and Mr. Syed Monjurul Islam, Secretary, MOHFW also added the importance of the ceremony with their presence. Mr. Nur Hossain Talukder, Director General along with all the Directors of DGFP attended

the ceremony. Highlevel officials from the MOHFW and organization chiefs of various agencies under MOHFW made the inauguration session of the e-GP a success one with their presence. The chief guest in his speech wished all the success of the e-GP by saying that this digital government is promised to make this country digitized in all spheres so that the people of the country can reap the benefit of the pro-people government services. He also added that this paperless electronic purchasing system will surely reduce the cost of the procuring entities with the highest level of transparency and credibility of Government purchasing system.

- The eGP guidelines were approved by the Government of the People's Republic of Bangladesh in pursuant to Section 65 of the Public Procurement Act, 2006. As per approved guidelines, e-GP system has been introduced and implemented. The eGP system has been developed and introduced in two phases.
- Hon'ble Prime Minister, Sheikh Hasina has inaugurated the 'National e-Government Procurement (e-GP) Portal' (<http://www.eprocure.gov.bd>) of the Government of the People's Republic of Bangladesh amidst a grand ceremony organized by the Central Procurement Technical Unit (CPTU), IME Division, Ministry of Planning on 27/11/2011.
- To enhance efficiency, transparency, accountability and competition in public procurement the government is pledge-bound to implement electronic government procurement (e-GP) in all its procuring agencies and entities.

In line with government's vision for Digital Bangladesh, the Central Procurement Technical Unit (CPTU) of Implementation Monitoring and Evaluation Division, Ministry of Planning, has been implementing e-GP with support from World Bank under the Public Procurement Reform Project -II.

- In the first phase, e-Tendering has been introduced on pilot basis in the CPTU and 16 other Procuring Entities (PEs) under 4 (four) sectoral agencies, namely: Bangladesh Water Development Board (BWDB), Local Government Engineering Department (LGED), Roads and Highways Department (RHD) and Rural Electrification Board (REB). The system rolled out to 291 PEs of those 4 sectoral agencies is now expanding to all the PEs of the government up to Districts and sub-Districts level.



- In the second phase, e-Contract Management System (e-CMS) has been developed and introduced and implemented. (e-CMS) is a complete electronic contract management system which provides platform for preparation of work plan and its submission; defining milestone, tracking and monitoring progress, generating reports, performing quality checks, generation of running bills, vendor rating, generation and issuance of completion certificate.

### Steps to follow to complete a procurement under e-GP system

- Preparation of APP
- Approval of APP (by HOPE)
- Preparation of Notice/IFT/
- Preparation of Tender Documents
- Formation of e-Tender Evaluation Committee (e-TEC/PEC) (by approval authority)
- Formation of e-Tender Opening Committee (e-TOC/POC) (by approval authority)
- Publish the Notice/IFT/Tender-Documents
- Pre-tender meeting.
- Corrigendum / Amendment / Addendum (if any)
- Tender Opening
- Tender Evaluation
- NOA (Notification of Award)
- Contact Signing
- CMS (Contract Management System)



### **Advantages of e-GP**

- Tender notice goes to registered tenderer directly which ensure the circulation of IFT
- Online selling of Tender Document. No unwanted obstruction.
- Long time pre-tender enables to clear any ambiguity in between tenderer and Procuring Entity.
- Online submission of Tender, No unwanted obstruction.
- Online opening which reduce time and effort of the opening committee and the tenderer.
- Online Evaluation also free from unwanted pressure
- Approval procedure guided by the system
- Transparency ensured as nobody can interference the system
- Audit trail is transparent
- Cost reduced
- All correspondence recorded by the system

## **Press briefina of Services and Campaign Week (7-12 Nov) 2015**



A press briefing session was held at the conference room of MOHFW on 5 november, 2015 on the eve of the countrywide celebration of the Family Planning, MCH Adolescent Health Services and Campaign Week (7-12 Nov) 2015.

Minister, Ministry of Health and Family Welfare Mr. Mohammed Nasim, MP graced the session as the chief guest while State Minister Mr Zahid Malek, MP added the importance of the press briefing session. Secretary, MOHFW Mr Syed Monzurul Islam and Director General, DGFP Mr. Md Nur Hossain Talukder also attended the session. High level official from the ministry also added the importance of the meeting. Journalists from various electronic and print media, reporters from different news agencies and photojournalists attended the session.

Hon'ble Minister added that various initiatives have been taken from DGFP in a view to obtaining the targets of HPNSDP of 2016 and Vision 2021. Among those steps observing the Family Planning Services and Campaign Week twice in a year is one of them.

Referring the Bangladesh Demographic and Health Survey (BDHS) 2014 Mr Nasim unveiled the fact that despite the increase (58.1% to 62.4%) of the numbers of the acceptors of various methods of FP in last 10 years (2004-2014), mentionable progress with the LAPM has not been demonstrated. But it has been evident that LAPM is badly required for ensuring planned family norms .

It has been experienced that only 1.1 million births among 3.1 million are conducted at the institutions . If a mother can be brought under the service of Post Partum Family Planning (PPFP) by adopting her a FP method, the unintended and subsequent pregnancy can be avoided resulting the increase of Tubectomy and IUD acceptors.

In the light of the above issues, the theme of this Service and Campaign Week has been selected, **'প্রসব পরবর্তী পরিবার পরিকল্পনা পদ্ধতি গ্রহণ করুন, অপরিকল্পিত গর্ভধারণ রোধ করুন' (Accept the Post Partum Family Planning, Avoid unintended pregnancy )**.

IEM Unit, DGFP has planned series of activities to observe this countrywide campaign. Conducting advocacy meeting at District and Upazilla level, printing and developing various IEC materials like poster, folder, flyer, pocket book are some of them. Banners highlighting the theme of the week will be hung in front of the district hospitals, MCWC, UHC and upgraded UHFWC where the camps will be conducted.



Two Talk shows with presence of the Minister and State Minister, MOHFW, Secretary, two DGs of the two Directorates and UNFPA Country Representative will be aired on two TV channels.

Apart from IEM Unit, MCH Services Unit, CCSDP Unit and FSDP Unit will issue special directives on the eve of service and Campaign Week. MCH Unit has launched the Progesteron Only Pill (POP) at the field level all over the country, supplied Delivery Kit and funded 8500 tk to each UHFWC to improve the quality of the centres which are yet to provide the delivery services. MIS Unit will collect the day to day progress report of the week.

At the end of his speech the Minister welcomed all the print and electronic media journalists to come forward to disseminate the news of this FP, MCH Adolescent Health Services and Campaign Week 2015 (7-12 November) to make it a grand success. Answering the questions raised by the media men by the guests wrapped up the briefing session.

## Workshop on Development of SBCC Action plan



Bangladesh Knowledge Management Initiative (BKMI) organized a workshop on SBCC Action Plan as part of its capacity building and strengthening efforts for three units of MoHFW (BHE, IPHN and IEM) working in HPN sector in Bangladesh. The workshop was held on 21 September, 2015 in Hotel Lake Castle, Gulshan – 02. The workshop was facilitated by Dipak Kanti Mazumder with welcome and introductory address. Ms. Rebecca Arnold (Project Director, BKMI) expressed her keen interest and expectation on preparation of SBCC Action Plan as per Operation Plan of HPNSDP for the FY 2015-16 by the three units in her opening remarks.

### Participants

GoB officials from IPHN, BHE and IEM (e.g. Deputy Director, Program Manager, Deputy Program Manager, Assistant Chief, Sr. Communication Specialist, Information officer, Editor-cum and Translator and Population Communication Officer) participated in this workshop and worked jointly to bring out an integrated, collaborative and effective SBCC Action Plan.

See list of participants in Annex-i

### Objectives

The objective of this workshop was SBCC Action Plan development for the three units' Operational Plan of HPNSDP that needs to be implemented for the period of FY 2015-16.

The workshop also aimed to increase the capacity and knowledge of HPN sector personnel responsible for planning and managing BCC activities and outsourcing BCC interventions.

However the workshop would greatly contribute to develop a preparatory base for developing a full blown activities for the OPs.

### **Agenda**

The agenda of the workshop is attached in Annex-ii.

### **Workshop Guideline**

The focusing point of the workshop was how to make three units more collaborative which will help them take and make actions in an integrated way. In order to facilitate this process component wise activities (Annex-iii) of three OP's were presented in the workshop.

The business session of the workshop contains two group works. Objective of this group work were to develop an activity wise action plan to prepare groundwork for OP implementation and improving the interrelationship among themselves and sharing the OP activities.

In the first group work, the three units worked separately among themselves to make an indicative timeline for their upcoming activities mentioned in their OPs (Annex-iv-a, Annex-iv-b & Annex-iv-c). However since the process is a bit exhaustive it was decided that the unit will finalize the process back in their workplace by end September.

In the second group work, the members of three units divided into two groups to identify the realistic areas and collaborative functions where the SBCC activities can be better integrated within OP's. After completion of the group work, they made presentations and gave their valuable feedback on their collaborative group works. (Annex-v-a & Annex-v-b)

### **Key Points from Group Presentation**

- **Awareness, sensitization and motivation**

Three units can collaborate through Integrated Module development, Audio-Visual Media development and sharing their ideas.

- **Control of idd**

Incorporating core messages in other training program/orientation can be used as a collaborative technique.

- **Message sharing**

In terms of production distribution, media campaign and capacity building every unit can share their messages and actions.

- **Planning, designing and developing content**

Three units can work together at some points where they can share their knowledge, build effective programs and can implement successfully.

- **Production, distribution and display of IEC materials**

Content development and Script review

- **SBCC material sharing participation exchange visits content development and script review**

Content development, Participation and SBCC Material sharing

- **Behavior change communication**

Content development

- **Production of IEC/BCC materials**

Content development and Script Review

- **Media Campaign**

Content development and Script Review

- **Strengthening inter sectorial and multispectral coordination and advocacy**

Resource person sharing

#### **Feedback**

- There is a need for an integrated and collaborative work in Upzilla level incorporating frontline workers.
- Setting some agenda before arranging workshop/ seminar/meetings
- Inclusion the members of other units in the brainstorming session before arranging any workshop, meeting or seminar.
- Optimum utilization of the public resources.



#### **Recommendation**

Dr. Zeenat Sultana, Senior Deputy Director, BKMI in her comments recommended to expedite the implementation process of this SBCC Action Plan. She recommended that three important issues should be emphasized. These are-

- Capacity building of three units
- Strategic campaign
- Inter sectorial collaboration.

This three key issues help to create effective plans and programs.

At the end of the workshop Mr. Mokhesur Rahman, Asstt. Chief, BHE; Ms. Zakia Akhter, Deputy Director (PM), IEM unit and Dr. Tapan Kumar Biswas, Deputy Director, IPHN spoke on behalf of respective unit shared their experience gained from the workshop.

The workshop was ended with a vote of thanks to all the participants for their sincere and encouraging participation.

## Introduction of Cesarean Section Services in Hatiya Island



Separated from the mainland by a four-hour boat ride, Hatiya Upazila of Noakhali district struggles to provide basic health care to its population of 550,000. The island's 50-bed Upazila Health Complex is the only facility that its population can turn to for medical attention. Shortages of doctors and other support staff have burdened the health complex due to doctors' reluctance to stay in the station and staff turnover. In addition, despite having the equipment for providing cesarean sections, as well as an anesthetist, the health complex did not perform any caesareans until recently because there was no gynecologist at the hospital. Incidents of expecting mothers dying in route to the mainland referral facility were common.

The situation for expecting mothers started to improve as a result of the USAID-supported MaMoni HSS Project. In the first two years of the project, MaMoni HSS trained roughly 1,600 community volunteers (CV), whose responsibilities included creating awareness about and demand for maternal and child health care in his or her designated area, covering approximately 250 people each.

In July 2014, normal delivery service was opened at the UH&FWC in Sonadia Union at the behest of MaMoni HSS. However, the huge demand for caesareans remained unmet for some time. To address this, MaMoni HSS staff started talking with officials at the Upazila Health & Family Planning official, including Civil Surgeon Dr. Delwar Hossain. Dr. Hossain promised to push through this popular demand. A USAID team visit at the UHC around the same time added greater momentum to this effort and after a series of meetings and visits, the decision was made.

In April, 2015 the UHC opened its door to expecting mothers for cesarean births, creating history in the context of maternal and newborn health in this island of Hatiya. MaMoni HSS supported employment of a consultant, two nurses, and an *aya* (support staff). Dr. Hossain asked the Upazila Health and Family Planning Officer to support as an anesthetist. MaMoni HSS, in a bid to actively involve the local government, then encouraged the Health and Family Planning officials to engage the upazilaparishad. Upazila Chairman Mahabub Morshed who was already sensitized by MaMoni HSS staff, readily agreed to be a part of the development



process of his area's maternal health service. Upon formal request the Upazila Parishad agreed to equip the facility for cesarean sections.

In the four months since the services have been offered, there have been 69 caesarean operations and 46 normal deliveries at the UHC. While complications and even deaths during the process of delivery had been common in Hatia, Dr. Hossain is confident that the women and children in the region will be safer as a result of the MaMoni HSS project's interventions.

## Performance Monitoring and Evaluation (PME) Workshop Held

Performance Monitoring and Evaluation (PME) Workshop on the FP-MCH and RH activities of Planning Unit was held at Tangail on November 31, 2015. Director Planning, DGFP Mr. Sheikh Md. Shamim Iqbal, Joint Secretary graced the occasion as the chief guest while Division Director, Dhaka Mr. Md. Delwar Hossain, Joint Secretary was the special guest. Mr. Md Lutful Kibria, Deputy Director, Family Planning, Tangail, presided over the meeting and Upazilla Family Planning Officer, Tangail Sadar Ms Ivy Yeasmin role-played as the moderator.



Mr Md Lutful Kibria in his speech welcomed all the officers of the 11 Upazillas of Tangail. He hoped that officers will be able to monitor and evaluate the performances of the activities on Family Planning, MCH at the field. He also shared the information that this performance monitoring and evaluation tool has been initiated from the current FY after the ending of the Local level Planning (LLP). Mr Delwar Hossain, Division Director, Dhaka wished the success of the workshop by saying that the introducing of this format will surely increase the service quality of the of various reports sent by the officials to the Directorate. The chief guest showed his optimism in his speech by saying that the filling of the format will a birds eye view the various activities of the officers at the field level.

## Visit of Manufacturers by DGFP officials



Recently officials from Logistics & Supply unit of the Directorate General of Family Planning visited a number of Pharmaceutical Manufacturers of Contraceptives, Medicines, MSRs and other Medical Items. As a part of these visits they visited the Plant of BEXIMCO



Pharmaceuticals Limited at Tongi on 31

October 2015. This visit was made as a part of Post Qualification Requirements under the Procurement Rules.

The team was lead by Mr. Md. Abdus Salam Sarker, Joint Secretary & Director (L&S) of the DGFP. The other members were Additional Director (Drugs & Stores), Deputy Director (Foreign Procurement), Deputy Director (Local Procurement), Procurement Officer and Family Planning Officer. Mr. Md. Mahub Alam, Deputy Manager (Institutional Bossiness) was present during the visit. Director (Quality) of the pharmaceuticals Mr. Tahir Siddique Presented a power point presentation on the products and their mission, vision of the company. During his presentation he mentioned that, Beximco Pharmaceuticals Ltd. is a leading manufacturer of pharmaceutical formulations and Active Pharmaceutical Ingredients (APIs) in Bangladesh. The company is consistently building upon its portfolio and currently producing more than 500 products in different dosage forms. Ensuring access to quality medicines is the powerful aspiration that motivates more than 2,700 employees of the organization. Beximco Pharma has the unique distinction as the only Bangladeshi company to get listed on the AIM of London Stock Exchange. Beximco Pharma was founded in 1976 and started operations in 1980, manufacturing products under the licenses of Bayer AG of Germany and Upjohn Inc. of USA. Beximco Pharmaceuticals' manufacturing site extends over an area of 23-acre (93,000 m<sup>2</sup>). This main site houses manufacturing facilities for producing various drugs in different strengths and delivery systems such as capsules, tablets, intravenous fluids, metered dose inhalers, sterile ophthalmic drops, prefilled syringes, dry powder inhalers, injectables and nebulizer solutions etc. The site includes manufacturing facilities as well as a research laboratory and a number of warehouses. Beximco Pharma has so far expanded their global footprint to 55 countries so far. Beximco Pharma recently received the US FDA approval, first Bangladeshi Pharma Company to receive it. The approval was made on 16 June 2015.

At the end of the visit Director (Logistics & Supply) paid thanks to the authority of Beximco Pharmaceuticals Ltd.

## Family Planning Service Week Observed

MaMoni Health Systems Strengthening (HSS) Project supported the government to mark the Family Planning (FP) Service Week-2015 on 7-12 Nov in four districts, namely Noakhali, Habiganj, Jhalokathi and Lakshmipur. The theme of the Family Planning (FP) week was "Adopt family planning method after child birth and check unplanned pregnancy".

A series of events including advocacy meeting, counseling sessions on FP methods, malnutrition of children, personal hygiene, and camps to provide Long Acting Permanent



Method (LAPM) services were organized in those districts.

In Noakhali a district level advocacy meeting was held with Deputy Commissioner (DC), Deputy Director, Family Planning (DD-FP), Noakhali Sadar UNO, ADC, Family planning officials, NGO workers and field level health and family planning staff in attendance. They discussed the importance of the Week and role of staff members in improving the national level family planning outcome.



In his speech Mostofa Kamal, DD-FP, promoted LAPM as effective, convenient, and cost-effective in the long-run. He also mentioned that Family Planning department is bringing in as many options as possible so a couple can choose the method that suits them best.

Deputy Commissioner of Noakhali Bodre Monir Ferdous in his speech emphasized on the quality of service. Ferdous also requested the

FP staff to put in a better performance and be accountable.

MaMoni HSS' Senior Manager Mohammad Salah Uddin highlighted various factors that are responsible for hindering positive program outcome. In his opinion inadequate motivational work by the field workers, ineffective counselling on the management of contraceptive related side-effects, inadequate response to the needs of clients, irregular field visits, and lack of supervision and monitoring are responsible for the low rates of people coming for FP services.

There were one advocacy meeting in the district level and four in the upazila level in observance of the FP week in Lakshmpur.

District and upazila level officials such as Civil Surgeon, DDFP, MOCH, UH&FPO as well as frontline service providers including SACMOs, FWVs, FWAs, FPIs as well as Upazila Chairmen and NGO representatives took part in those meetings. In Jhalokathi too, there were one district and three upazila-level advocacy meetings and press conferences in Jhalokathi.

Besides, camps were organized to provide FP services. In Noakhali more than 800 people

availed different FP services such as IUD, Implant, NSV and Tubectomy, 52 of whom were referred to by MaMoni HSS staff. In Habiganj above 400 availed different services with half of them through MaMoni HSS staff. In Lakshmpur and Jhalokathi around 600 and 400 respectively availed those services.



## World Prematurity Day, 2015 Observed



MaMoniHealth Systems Strengthening (HSS) Project supports Bangladesh Government to observe World Prematurity Day 2015.

MaMoni HSS Project in collaboration with Ministry of Health and Family Welfare and Saving Newborn Lives (SNL) Program of Save the Children, Unicef, WHO, icddr, and

Bangladesh Neonatal Forum to organized a roundtable and seminar to mark the maiden World Prematurity day, 2015.

### Roundtable discussion

A roundtable discussion was held on November 16 in partnership with the *Daily Star* at the Daily Star conference room in Farmgate, Dhaka. Twenty two discussants representing the Ministry of Health & Family Welfare, professional bodies and network, UN and INGOs, research organizations, took part in the discussion. They pointed out the gravity and magnitude of prematurity and suggested undertaking national level program to fight prematurity.

It was highlighted that some 15 million babies are born premature each year worldwide and around one million of them die. In Bangladesh premature birth causes death of 26,100 under-5 children every year, according to a 2010 study.

Professor M.A. Mannan, Chair of the Dept of Neonatology, Bangabandhu Sheikh Mujib Medical University (BSMMU), cited three main reasons for death of premature babies – the babies cannot retain their body temperature, fail to get adequate breast milk and are susceptible to infection. Prof Mannan added that Kangaroo Mother Care (KMC) can address all these causes, Prof. Mannan added.

Professor MAK Azad Chowdhury, Head of Neonatology, Dhaka Shishu Hospital, Dr. Md. Altaf Hossain, Program Manager, Integrated Management of Childhood Illnesses (IMCI), Directorate General of Health Services, Dr. Sufang Guo, Regional Health Specialist, Unicef, Dr. Umme Salma Meena, Team Leader, HSS, OPHNE, USAID Bangladesh, Dr. Taposh Ranjan Das, Deputy Director (MCH Services), Directorate General of Family Planning also took part in the roundtable. Dr. Shams El Arifeen from icddr, moderated the discussion.

## Launch of KMC and Seminar

Around 100 attendees participated at a seminar held on November 17 to observe World Prematurity Day, and launch of Kangaroo Mother Care (KMC) in Bangladesh. The event took place at Lake Shore Hotel in Gulshan, Dhaka.

In Bangladesh 14 percent of all babies are born before the normal 37 weeks of gestation and a significant number of them die as they are less immune to diseases and succumb to infections. “Up to 75 percent deaths of preterm babies are preventable (with the use of KMC),”



claimed Dr. Ziaul Matin, Health Specialist of UNICEF.

Dr. Sayed Rubayet, Project Director of the SNL Program, mentioned that there are four proven cost-effective interventions to save preterm babies, including the KMC.

The speakers were hopeful of overcoming the challenges posed by prematurity because efforts are on address this issue. The USAID-supported projects are piloting the KMC approach in a number of districts, while the government is preparing guidelines to scale it up across Bangladesh.

The neonatology departments at Bangabandhu Sheikh Mujib Medical University (BSMMU) and Dhaka Shishu Hospital have already introduced kangaroo mother care in their units.

# National Family Planning Campaign

## Performance from November 2014 to November 2015

Bangladesh Family Planning Program has made remarkable progress over the years. However, BDHS 2011 and BDHS 2014 reports revealed that family planning performance is relatively low in some geographical areas with low CPR and high TFR among young couples. To address this issue DGFP took initiative and implemented a Family Planning Campaign with the technical support of UNFPA which was executed by Visual Communication Ltd., the assigned media agency. All the campaign activities at district, upazila and union level were implemented under the leadership of DGFP where concerned UFPOs supervised all the activities with active participation.

**Objectives :** The campaign objective was to increase demand for using modern FP methods among young married women (aged 15-24) and their partners.

**Target Groups :** The campaign targeted newly-wed women aged 15-24 years, young couples with one or more children and unmarried girls and boys aged 15-24 years as the primary audiences whereas family members, community, stakeholders & policy makers as the secondary audience.

**Key Messages of the campaign :**

- Delay marriage until a girl is at least 18 years of age
- Delay first pregnancy until at least 20 years of age of women
- Space births for at least 3 years using modern contraceptive and
- Obtain contraceptives from available FP service centers.

**Geographical locations :** To mount an effective Family Planning Campaign 9 districts of 7 divisions were brought under the program which are: Brahmanbaria, Noakhali, Habiganj, Sunamganj, Narsingdi, Barisal, Jhenaidah, Sirajganj and Rangpur. The intervention areas included 27 upazilas of the 9 districts covering 266 unions. In addition, slums of the 7 City Corporations were also covered through the interventions.

**Activities :** The campaign adopted multilevel and multichannel communication approaches and interventions to reach the target groups.

- **Electronic media :** Airing of TVC - (160 spots each in BTV & ATN News), Broadcasting of RDC - (1160 times in Bangladesh Beta and 440 times in Private channel), Pop-up Message- (360 times in ATN News) for national coverage.
- **Outdoor media :** 26 Billboards installation, 222 Mega signboards, 1,080 Rickshaw branding, 675 Roman banner for Community clinics, ICs, NCWCs & FWCs, 9 wall painting in railway stations, 104 Wall banner for Union Parishad offices & NCWCs, 20 Boat branding.
- **Print media :** Print and distribution of ASRH booklet-30,000; Leaflet- 55,000; Folder-2,400; Note book -2,400; Pen-2,100; Dangler-10,000; Training Guidelines-1,000; Brochure-1,000 etc; flipchart, counseling guideline;
- **Interpersonal Communication (IPC) Activities :**

**Stakeholders' meetings :** 9 stakeholders' meetings were held at 9 districts chaired by DC. Around 600 important personnel attended the meetings.



**Slum activation meetings :** Slum activation sessions were held at 250 slums of 7 city corporations. About 20-25 slum dwellers were present in each session. The sessions focused on family planning, ANC, safe delivery, PNC and prevention of child marriage. The health officers of city corporations assisted to organize the sessions. A total of 6,000 young couple, adolescents of the slums were covered through this intervention.



**Community sensitization meetings :** 27 community sensitization meetings were conducted at upazila level. The school teachers, Imams, different gov. officers, UP chairmen, women members and husbands attended the meetings. Around 675 persons were present in these meetings.



**Counseling skill development trainings for FWAs :** 39 training sessions were held at 27 upazilas where around 760 FWAs were present. Respective UFPOs facilitated the training sessions.



**ASRH Training for Adolescents :** 27 Training sessions (2-Day duration) were conducted at 27 upazilas in which a total of 594 adolescents participated.



**Adolescent clubs/groups meetings :** A total of 43 adolescent club meetings were organized for out school adolescents at upazila level and around 950 adolescents participated.



**Campus activation :** 302 Campus activation meetings were arranged for students (7 to 10 class) of 266 unions of 27 upazilas covering all 9 districts. A total of around 26,000 students participated in these meetings.



**Social Media (Facebook) :** Viscom is making use of Face Book and doing regular posting in website to disseminate updated information on National Family Planning Campaign.

**Facebook Link :**  
<https://www.facebook.com/visualcommunicationbd>  
<https://www.facebook.com/visualcommunicationbd>

**Monitoring :** To monitor the total activities, a monitoring, supervision and reporting system has been developed by VISCOM to ensure distribution, placement and posting of electronic, print, outdoor media materials and implementation of IPC activities.

- Each month progress review meetings were held at UNFPA office. Government, EngenderHealth and, Viscom staff and UNFPA participated in the meeting.
- Monitoring reports were submitted in each quarter to UNFPA with photographic evidences.
- Regular field visits were made by UNFPA staff to ensure quality.



## Thanks to the following contributors:

Md. Abdul Mannan Ilias, Zakia Akhter, Sati Rani Dey, Mohammad Badsha Hossain, Mukti Rani

Shil.

### Check Us Out



### Questions, comments or suggestions?

Email us at [iemdgfp@gmail.com](mailto:iemdgfp@gmail.com) or visit us at the links below.

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