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Bangladesh: Final Review Spotlights PRIME/NIPHP Successes

Encouraging results highlight a forthcoming report on PRIME's technical assistance to the USAID National Integrated Population and Health Program. The review documents lessons learned and recommends future actions. PRIME has collaborated with NIPHP since 1998, building capacity for the implementation of the Government of Bangladesh's Essential Service Package (ESP) at private-sector primary health care facilities staffed by paramedics and doctors. The ESP covers maternal health and child survival interventions (CSI) as well as other reproductive health (ORH) services including family planning and prevention and treatment of sexually transmitted infections and reproductive tract infections. PRIME has developed training materials and curricula, helped trainers improve their skills, and generally strengthened the capabilities of 11 training organizations, primarily service delivery-oriented NGOs.

The final review draws in part on an August 2001 training effects study conducted by PRIME. The study found that 100% of 959 paramedics trained in ORH and 81% of 569 paramedics trained in CSI were performing to standard. A comparison of trained and untrained paramedics revealed that 96% of the trained providers had adequate ORH knowledge as opposed to 62.5% of untrained; trained paramedics outscored their untrained counterparts 64.2% to 24.1% in CSI knowledge. The study also showed that utilization of clinic services had increased dramatically in facilities with trained paramedics. While NIPHP ended in June, its mandate continues under the new USAID-funded NGO Service Delivery Program (NSDP) bilateral.

India: New Activities Support Existing Interventions

PRIME II is playing a role in two USAID-funded initiatives in Uttar Pradesh designed to address post-training performance and support challenges in existing programs for traditional birth attendants (TBAs) and auxiliary nurse-midwives (ANMs). Our most substantive involvement in the new activities complements PRIME's technical assistance to the State Innovations in Family Planning Services Agency (SIFPSA) in the training and support of TBAs.

In 33 SIFPSA districts where almost 90 percent of deliveries take place at home and are assisted by untrained birth attendants and relatives, PRIME is helping to facilitate community group meetings of pregnant women and key family members. These efforts improve their knowledge of safe motherhood and newborn practices and promote the services of trained TBAs among potential clients. The meetings are led by specially trained ANMs and medical officers at sub-centers in villages. PRIME is also assisting SIFPSA in efforts to promote trained ANMs to their client bases and support the ability of ANMs to expand their outreach and recruit new clients by taking advantage of small travel stipends. As of June, PRIME has helped to train 8,873 ANMs and Lady Health Visitors from 33 districts in Uttar Pradesh.



Bangladesh: Tool Developed for Assessing Gender Sensitivity

As part of PRIME II's assistance to the Government of Bangladesh for the implementation of the Essential Service Package (ESP) for primary health care, the Project has developed a Gender Sensitivity Assessment (GSA) tool. PRIME staff field-tested the tool in February using the draft reproductive health module of the advanced skills ESP curriculum for in-service training.

Field-test activities began with a day-long orientation to gender and reproductive health issues organized in collaboration with the Institute of Child and Mother Health (ICMH) in Dhaka. Held at the ICMH Center for Training and Communication, the orientation involved physicians from ICMH and the Obstetrics and Gynecology Society of Bangladesh along with representatives of the National Institute of Population Research and Training and the German development agency GTZ. ICMH director Monimul Hoque's keynote and closing addresses underscored the relevance of gender equity in reducing poverty. He also stressed the social and reproductive health problems faced by Bangladeshi women, including domestic violence and poor nutrition.

Candy Newman, PRIME II Senior Evaluation Specialist, and Aftab Uddin, National Consultant for Management, then conducted the three-day field test with members of the core curriculum development group and master trainers who will use the ESP curriculum. ESP curriculum developers may consider applying the GSA tool to other modules in draft form, which will include child health, control of communicable diseases, and limited curative care.

The test included reviewing the GSA tool and related technical materials and using the GSA checklist to assess the gender sensitivity of draft modules. Teams then developed action plans to strengthen each of the curriculum units to reflect gender sensitivity themes and content including:

- Safe motherhood as a human right
- Screening for and managing gender-based violence during prenatal and postabortion care
- Adolescent reproductive health care
- Reproductive rights in counseling for reproductive tract infections, sexually transmitted infections and family planning
- Awareness of power imbalances in negotiations for condom use, the risk of social stigma in cases of female infertility, and the need for male involvement in reproductive health (for good nutrition and birth preparedness, for example).

