

BRAC in PPP Pilot Intervention

A New Initiative of BRAC Health Programme

Quarterly Report

March – May 2002

BRAC Health Programme
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LIST OF ACRONYMS

BCC	Behaviour Change Communication
BDP	BRAC Development Programme
BEP	BRAC Education Programme
BHP	BRAC Health Programme
CBO	Community-Based Organisation
CC	Community Clinic
CHS	Community Health Scheme
ESP	Essential Services Package
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
GHC	General Health Committee
HA	Health Assistant
HFWC	Health & Family Welfare Centre
RSS	Regional Sector Specialist
SS	Shastho Shebika
TBA	Traditional Birth Attendant
TTBA	Trained Traditional Birth Attendant
VDP	Village Defense Party
VO	Village Organisation

INTRODUCTION

BRAC, a national private development organization, focuses on the long-term issue of poverty alleviation and empowerment of the poor. BRAC promotes income generation for the poor, mostly landless rural poor, through micro-credit, health, education and training programs. BRAC is now a multifaceted organization with over 25,000 regular staff and 34,000 part-time teachers, working in 50,000 villages in all the 64 districts. BRAC implements its core programs through BRAC Development Program (BDP), BRAC Education Program (BEP) and BRAC Health Program (BHP).

BRAC's health program aims at sustaining health impact through the reduction of maternal, infant and child mortality and morbidity, fertility, and improvement in the nutritional status of children, adolescents and women. It has long and diverse experience of implementing community-based health interventions and has proved its strengths working with the public, private sector, NGOs and more importantly with the community. The Shastho Shebika - the community health worker of BRAC plays a vital role for making health services and health related commodities accessible to the community.

Considering the experience and existing community networks, Nicare/British Council, requested BRAC along with some other NGOs to facilitate private public partnership in Brahmanpara Upazila. BRAC Health Programme has already initiated the PPP interventions in a phased manner i.e., initially in two unions (Shahebabad and Dulalpur) of Brahmanpara. BRAC will be facilitating the community of these unions to establish seven community-based health schemes (CHSs).

Following discussions with Nicare/British Council, the Programme Coordinator of BHP conducted an introductory visit to Brahmanpara on November 19, 2001 and visited Mahalaxmipara and Shidlai CHSs including Upazila Health Complex. Initially, BRAC assigned one staff to undertake preparatory activities in collaboration with Regional Sector Specialist (RSS) and Area Coordinator.

One of the major objectives of HPSP is to improve the health status of the people by provisioning Essential Services Package (ESP) for all segments of people. To achieve this objective, set up one CC for 6,000 rural population has been considered to be centre of the lowest tier of health care delivery that will be established and managed by the community locally. Under this project BRAC will facilitate to establish CHSs in the allocated unions. BRAC will adopt and or adapt multiple approaches of community involvement to establish CHSs. Through this process, community capacity will be developed for local resource mobilization, building a sustainable CC based CHS managed by the community organization. This will enable the community to access quality and affordable health care services and ensure participatory monitoring. The emphasis is to *increase access and utilisation of cost-effective health services by the poor with particular emphasis to poor women and children and developing models of local level partnerships among the Public, NGO and Private health sectors.*

Since March 2002, under the agreement with the Nicare/British Council, BRAC has been working with the community and concerned stakeholders. The programme has planned to achieve PPP vision through:

- Ensuring active participation of all stakeholders including poor, women, disadvantaged groups, community-based organizations and other social group/institutions in CHS development process
- Developing capacity of community leaders, providers, volunteers (Shastho Shebika/TTBA), rural practitioners, CHS functionaries etc. to develop NGO Approach in line with PPP vision
- Facilitating the process of establishing innovative local level partnerships among public, NGO and private health sectors to ensure ESP services accessible to the rural poor, women and children

- Implementing innovative means for social mobilization and BCC
- Working towards sustainability of programme effects through mobilising local resources
- Developing appropriate model of PPP that are replicable in other areas.

This report documents the programme performance during the 1st quarter i.e., from March through June 2002 including the pre-project activities (19 November 2001 – 28 February 2002).

PROGRAMME STRATEGY

The project will formulate its operational strategies while implementing the project. As of now the following strategies are considered to achieve the project goal:

- Capacity building of CHS leaders, health and family planning personnel/CHS functionaries, Shastho Shebikas, TTBA and rural practitioners through technical assistance and training.
- Establishing Shastho Shebikas to play a central role in programme implementation through linking with CHS.
- Creating Community Midwife/Family Health Visitor and developing TTBA (Clinic Aide) through appropriate training and on-the-job training.
- Involving the community-based social groups/institutions, private practitioners and NGO service providers as programme partners to generate continuous support.
- Expanding micro-health insurance and community-based nutrition interventions.
- Collaborating with existing NGO/appropriate health services and MOHFW infrastructure and facilities to integrate DOTS to treat open TB cases through Shastho Shebikas by linking with CHS.
- Adopting holistic approach to ensure poor people receiving the required health services.
- Enhancing quality of care and services focusing on the "Clients' Bill of Rights".

Additional strategies to be adopted in the project:

- Establishing CHS management fund for sustainability of the health centres.
- Managing Revolving Drug Fund (RDF) through linking CHS with BRAC RDF system.

PROGRAMME IMPLEMENTATION

PREPARATORY ACTIVITIES

Background: A number of preparatory activities were performed prior to initiation of the programme operation during November 2001 through February 2002. The staff also consulted the JPD and Sr. National Advisor of Nicare/British Council followed by field visits. BRAC staff both from the central and local level visited PPP Pilot Office and Mahalaxmipara and Shidlai Community Health Schemes (CHSs) of Brahmanpara.

SITUATION ANALYSIS:

As planned the programme conducted a situation analysis. This was especially important as it would describe the health resources/facilities, public and private practitioners, CBOs, formal and informal social institutions/groups in the intervention areas, identifying the existing problems and constraints related to health and generate action plans to improve the situation.

The situation analysis consisted of collecting basic information on different aspects and development indicators from four unions i.e. Shahebabad, Malapara, Madhabpur and Dulalpur and compiling information for developing an operational plan.

Pre-operation study: After initial visit to Brahmanpar, a pre-operation study team was formed in November 2001 with RSS, Area Coordinator (AC) and one Programme Organiser (PO-Training). In addition, one PO was assigned to undertake the preparatory activities with RSS and AC under the guidance of the SS (PPP). The team undertook the following activities:

- Made introductory visits to Upazila Health Complex, PPP Pilot office, two community health schemes (Mohalaxmipara & Shidlai), respective UP representatives, CC sites/catchment areas, upazila level offices, NGOs, social institutions/community groups etc.
- Collected basic information related to demographic and socio-economic-cultural aspects
- Exchanged views and ideas with the community leaders, community groups, scheme functionaries and volunteers
- Discussed with different stakeholders including government and NGO officials/staff, UP Chairmen and members and local community leaders and CHS functionaries
- Obtained the list of existing health resources/infrastructures
- Identified primary stakeholder group in consultation with the local community
- Contacted with various stakeholder groups/social institutions to establish functional linkages
- Drafted an operational plan.

Community Profile: Through analyzing basic information, community profile was prepared separately. The profile is attached herewith (Annex - B).

Health Infrastructure: It has been found during initial situation analysis that only two CC buildings partially completed construction work at Shahebabad union, which will require more time to complete. Remaining three CCs are yet to be completed.

Demographic Feature: In Shahebabad and Dulalpur unions, a total of 45,537 population was found from Upazila Health complex records. Of them 23,205 are male and 22,332 female.

Identification of stakeholders: During situation analysis, BRAC staff organised a number of community consultative meetings to sensitise the people as well as to learn community opinion about this new intervention.

BRAC-PPP staff organised community consultation sessions and identified the following stakeholders:

- Local community leaders and social elites
- Organised poor women and men (NGO programme participants etc.)
- Member of rural cooperative societies and social groups/institutions
- Health providers and volunteers
- Rural private practitioners (Village doctor, medicine seller etc.)
- Organised youths
- Local small traders
- Village defence party members
- Farmers
- Adolescent girls and boys
- Fishermen (in Shahebabd).

ORIENTATION ON PPP INTERVENTIONS:

Orientation of BRAC staff. During preparatory activities, an orientation session was organized at BRAC-Brahmanpara office for BRAC staff with a view to explain the PPP pilot interventions and role of BRAC. The Area Manager (AM, Micro-finance), AC and BEP-Team In-charge and all Programme Organisers (PO) attended the session. The Sector Specialist (PPP) conducted the session. A total of 32 participated the orientation session.

Orientation of teacher & Shebikas. Orientation sessions were also conducted for BEP-Non-Formal Primary Education (NFPE) teachers during refresher training. A total of 65 NFPE teachers were present. The Shastho Shebikas of BHP were also oriented on PPP interventions separately during monthly refresher training. A total of 27 SSs were present during the session.

Orientation of VO-Members. Through involving Shastho Shebika, the PPP staff attended the BRAC-Village Organisation (VO) weekly meeting to orient the VO members on ESP and PPP. BRAC staff reached 34 VOs and on average 25 members received orientation.

NID Orientation. In Shahebabd and Dulalpur union, a special NID orientation was held in observance of 10th NID for selected religious leaders and Head Masters separately. PPP/BRAC staff attended the sessions and discussed about PPP interventions to generate their support in CHS development. BHP staff conducted the session. A total of 157 participants were present.

DEPLOYMENT OF STAFF:

During the reporting period, three staff were deployed including Communication and Training Organiser (CTO) and two POs. RSS and AC were also involved with the PPP field implementation team. The staff selection was made based on their previous experience and track record of implementing BRAC's community-based health and social development interventions. They are located at Brahmanpara BDP office.

RAPPORT BUILDING:

Establishing linkages with government officials and workers, private health sector and other social groups are one of the major challenging tasks of the project. To develop linkages with the programme partners i.e. MOHFW, NGOs, social institutions/groups, local community leaders, the staff intensified their contact with government officials and staff, NGO/CBOs from the district level to down to ward/unit levels.

A strong link has already been established among BRAC, MOHFW, local government, community groups and other stakeholders during the period. It was observed that the local government i.e. Union Parishad and health and family planning personnel and community groups welcomed BRAC to work with them as partners. The following process are being followed in establishing these linkages:

- At the district and upazila level, BRAC staff participates in all the relevant meetings and forums of health and family planning departments. Besides, liaison with the Civil Surgeon, Deputy Director (Family planning), UHFPO, MO (MCH), RMO is being maintained through individual contacts and meetings.
- BRAC workers work in close cooperation with the health and family planning functionaries both at the upazila, union and ward/unit levels.
- BRAC staff maintains liaison and work closely with community-based organisations, other NGOs, different social groups and other stakeholders through individual interactions.

OPERATIONAL ACTIVITIES

Since March 2002, the focus has been given to develop community rooted self-starter institutions to operate CHSs. BRAC thus involved different segments of population as stakeholders for this innovative approach. During the 1st quarter BRAC started community consultation in 7 CHSs areas.

SOCIAL MOBILISATION AND COMMUNITY CONSULTATION:

Based on the experience in the field of health, nutrition and family planning communication at the grassroots level, BRAC has recognised social mobilisation as the key to success in the community programming which starts with awareness creation and expands the body of knowledge within the rural community. BRAC has adopted an integrated approach to make a strong link with its core programmes and other development networks to generate community support.

The staff conducted social mobilisation activities including participatory learning sessions. To review the local health scenario and to identify the priority health needs, a number of consultation sessions with the selected stakeholder groups in the community were organized. During the reporting session, a total of 73 sessions were held with an average of 25 participants per session being present:

Stakeholder Category	Session held	Number participated	Avg. part. Per meet.	Remarks
Local community leader	07	251	36	Social elites, teachers, imams etc.
Organized poor woman	21	569	27	NGO programme participants, cooperative groups etc.
Organized poor man	05	147	29	Rural cooperative group etc.
Farmer	04	118	29	
Small trader	05	85	17	
Organized youth	06	157	26	Member of youth club etc.
Service provider	04	32	08	Local MOHFW field force
Health volunteer	04	49	12	Shastho Shebika, TTBA etc.
Village defense party	08	257	32	Organised by Ansar-VDP department.
Rural practitioners	04	27	6.75	Village doctor, pharmacy holder etc.
Others	05	159	31.8	Adolescent, retired army, fisherman etc.
Total	73	1,851	25.37	

In addition to organising participatory action learning session, BRAC organised 16 foras to orient teachers, religious leaders and villagers where an average of 21 persons participated:

Forum	# Meeting held	# Participated	Remarks
Teachers' orientation	04	93	Head Masters of primary & secondary schools
Imam orientation	2	64	Imam of different mosques of catchment area
Teachers' orientation	06	65	Teachers of BRAC school
Mosque meeting	2	102	Conducted during Jumma prayer
Total	16	332	

Contents of Learning Session: In the participatory learning sessions, the discussion topics were included:

- Identification of health needs and problems
- Disease pattern and care seeking behaviour
- PPP concepts and local level partnership building
- ESP and its service delivery strategy
- Development of local level health institution for running community health schemes
- Role of different stakeholders in building health schemes
- Cost sharing and provision for ultra poor etc.
- Self-reliant community organization and alternate financing for health care

FINDINGS OF FOCUS GROUP DISCUION (FGD):

Local Health Scenario: During Focus Group Discussion (FGD) session, BRAC facilitator helped community to identify the local health situation. Through FGDs, age-specific diseases/health problems were identified, which are as follows:

Age Group	Disease pattern (opinion of the stakeholders)
Children < 5	Respiratory infections (pneumonia, cough etc.), fever, fever with cough, diarrhoea, dysentery, worm, measles, scabies, skin disease, night blindness, allergy, ring worm, conjunctivitis, suppurative otitis media etc.
Adolescents (10-19 yrs.)	Anorexia, leucorrhoea, irregular menstruation, lower abdomen pain, excessive bleeding during menstruation, anemia, fever, fever with cough, diarrhoea, dysentery, skin disease, scabies, allergy, gastric, hepatitis, typhoid, malaria, depression etc.
Women of reproductive age (15-49 yrs.)	Leucorrhoea, irregular menstruation, lower abdomen pain, post-partum hemores, prolong labor pain, odemea, convulsion, anorexia, stillbirth, anemia, burning during urination, blood pressure, gonorrhoea, excessive bleeding during menstruation, excessive urination, disease of genital organ, breathing difficulty, typhoid, diarrhoea, dysentery, skin disease, scabies, hepatitis, goiter, ring worm, asthma, gastric, tuberculosis, diabetes, malaria, tumor, toothache etc.
Others	Tuberculosis, general weakness, gastric and duodenal ulcer/disease, abdominal pain, blood pressure, syphilis, gonorrhoea, anemia, anorexia, cough, cough with fever, burning during urination, blood pressure, excessive urination, insomnia, dimness of vision, breathing difficulty, kidney disease, skin disease, scabies, ring worm, diarrhoea, dysentery, hepatitis, typhoid, goiter, ring worm, asthma, diabetes, cancer, malaria, tumor, headache, toothache, arthritis, typhoid, asthma, elderly disease etc.

Age specific health problems and identified causes:

<i>Age Group</i>	<i>Causes of health problem</i>
Children < 5	Malnutrition, unhygienic health behaviors of parents/caregivers, parents/caregivers unaware about child caring, lack of knowledge regarding child caring, Not giving immunization timely, not feeding colostrums, poor, lack of knowledge about exclusive breast feeding and supplementary food after 6 months, delivery of low birth weight baby, superstition of parents/caregivers about child caring, problem related to iodine deficiency etc.
Adolescents (10-19 yrs.)	Lack of knowledge about physical and mental change of adolescents, shyness, not taking adequate food as per need, lack of enabling environment to share their physical change and feelings, malnutrition, unhygienic health behaviors, lack of information about adolescent health care, superstition about physical changes, lack of taking proper nutritious food, lack of proper sanitation, inaccessibility of health care services in the locality, early marriage, giving birth before 18 years, not using of hygienic pad during menstruation, lack of proper health facility in the locality, poverty, problem related to iodine deficiency etc.
Women of reproductive age (15-49 yrs.)	Early pregnancy and child birth, poor calorie intake, irregular feeding practice, malnutrition, unhygienic health behaviors, lack of information about health and nutrition care, ignorance about health and hygiene practice, frequent childbirth, early marriage, delivery by untrained personnel, not taking supplementary food during pregnancy, delay in decision-making in case of emergency, superstition, lack of proper sanitation facility, inaccessibility of health care services, not using hygienic pad during menstruation, lack of proper health facility in the locality, economic insolvency/poor, problem related to iodine deficiency etc.
Others	Ignorance about health and hygiene practice, unhygienic health behaviors, lack of knowledge about health and nutrition care, lack of awareness about health and nutrition care, delay in decision-making in case of emergency and treatment seeking, superstition, poor sanitation facility, inaccessibility of health care services, lack of proper health facility in the locality, economic insolvency/poverty, problem related to iodine deficiency etc.

Recommendations: Following are the recommendations of the stakeholders to improve the health status of the people:

- Educate mothers on child caring, health, hygiene and nutrition
- Ensure feeding of colostrums just after birth
- Ensure practicing of exclusive breast feeding up to 6 months of age
- Keeping child in the hygienic atmosphere
- Avoid cold weather to prevent children from cough and ARI
- Ensure feeding of nutritious food to all children, adolescents and women
- Immunise all children by providing all antigens of immunization in proper age and dose
- Ensure forming of planned family by taking maximum two children
- Educate all adolescents about adolescents health, hygiene, nutrition and adolescents' health care
- Provide education to adolescents about physical and mental changes
- Ensure giving TT injections to all adolescents
- Counsel adolescents on using hygienic pad during menstruation
- Raise awareness about the demerits of early marriage and undertake campaign to prevent it
- Provide adequate nutritious food to the adolescents
- Ensure practicing light physical exercise

- Provide supplementary diet to all pregnant women during pregnancy
- Ensure ANC and PNC to all pregnant women
- Ensure delivery of all pregnant women by trained personnel
- Ensure treatment of women in case of any illness without delay
- Provide nutritious food during pregnancy and post-pregnancy period
- Ensure providing of TT injection to all pregnant women
- Educate women not to be pregnant before 20 years of age
- Ensure feeding of vegetables
- Ensure early diagnosis and treatment in case of any fatal or infectious diseases
- Provide knowledge about infectious diseases
- Provide and ensure using of modern family planning methods of all women of reproductive age
- Ensure using of safe water in all household works/purposes
- Ensure sanitation of all households by ensuring installation of sanitary/slab latrine
- Safe water provision for all the households
- Establish health facility at the locality
- Ensure treatment of all open cases of tuberculosis
- Establish referral linkages with the appropriate health facilities to ensure appropriate treatment.
- Establish a forum with the health service providers representative for progress, problem solving and to strengthen linkage with referral facilities.

Action required for improving the situation: During participatory discussion, the facilitators found that the stakeholders emphasised to undertake some innovative and appropriate BCC activities by targeting the caregivers and women of reproductive age group for disseminating health and nutrition messages in order to raise awareness. The stakeholders also identified the following public health problems prevailing in the community and sought help to resolve the problems through:

- Undertaking innovative initiatives to ensure safe water i.e. using of arsenic-free safe water in all household purposes
- Strengthening of existing tuberculosis control initiative by involving community and Shastho Shebikas
- Establishing rural health centers/appropriate facilities in collaboration with government, community and NGOs
- Establishing rural sanitation center in the catchment area by involving community
- Using all existing development networks to mobilize community
- Establishing referral linkages and arrangements with the Upazila Health Complex, District Hospital/Medical College/other private facility etc. for proper treatment.

General Health Committee (GHC) member selection: To plan, implement and monitor the CHSs, GHC formation is one of the important steps of the PPP intervention. At the outset of the project, through a consultation process, BRAC staff identified community-selected representatives to participate in the GHC. The members finally selected for the GHC found adequately represented by the community. The stakeholders selected a total of 177 representatives. During the reporting period, selection of the community representative for each GHC was completed in three areas i.e. Chastain, Shahebabd and Gopalnagar. The selection of remaining 4 areas is under way.

FORMATION OF CHC AT CHATIANI:

During the reporting period, BRAC provided technical assistance to the selected stakeholders of Chatani (Shahebabd union) community to form GHC and identified 10 categories of stakeholder/professional groups in Chatiani. BRAC facilitated the Chatiani community to organise a daylong workshop. A total of 62 participants were present in the workshop including 44 selected stakeholders (list attached), government health providers (FPI, HA, FWA), 3

respective UP members and some invited guests such as Headmaster, teachers and local community leaders. The workshop performed threefold activities:

1. Orientation of CHC/GHC members
2. By-laws development
3. Executive Committee formation

Orientation of CHC general members: The orientation session was presided over by Mr. Mizanur Rahman Khan, Chairman, Shahebabd Union Parishad while Dr. Abdur Rob Mollah, Medical Officer (MCH-FP) of Brahmanpara UHC attended as guest of honour. Mr. Mike Paul (Health Management Advisor), Dr. Shamsul Alam (National Advisor), Dr. Momena Begum (National Advisor) and Mr. Iftekharuddin Ahmed (PPP Pilot Coordinator) of Nicare/British Council and Mr. Rezaul Karim, Sector Specialist, PPP/BRAC attended the session. Among others, Dr. Abdur Rob Mollah discussed in details on public-private partnership concepts, CHS development process, delivery mechanism of ESP services and development process of referral linkages with public and private facilities. He also explained the role of government, community and NGO in this new intervention. Mr. Mike Paul gave his inaugural speech by explaining the background of PPP and the involvement of Nicare/British Council in PPP intervention.

With a view to sensitise the group and responding to reality a case was presented by one health volunteer regarding a neonatal death, which occurred before few months. This was appreciated by the stakeholders especially the community members present during the session.

By-laws development: To build by-laws, the present stakeholders were divided into 4 groups. They discussed among themselves on the given clauses/topics and finally reached to a consensus. The groups prepared their findings and made recommendations, which were presented in the large group for discussion. Following this process, the general members have finalized the constitution. They followed a participatory decision-making process. The discussion was very lively and participants were very enthusiastic about the scheme. Four BRAC staff facilitated these sessions with the help of government health and family planning staff. The facilitators created an enabling environment for participatory discussion.

Mr. Mike and Dr. Momena also observed the group work. They discussed and exchanged views with the participants and stayed in each group for sometimes and observed the facilitation process and participatory constitution building process.

Executive Committee Formation: The general body selected an 11-member Executive Committee (EC) for one calendar year (June 2002 – May 2003). The session was presided over by the landowner of the CC (nominated by UP Chairman) Mr. A Razzak Master and facilitated by the FPI, Shahebabad and one BRAC representative respectively. The committee was formed in line with the finalized constitution. The newly elected office-bearers are as follows:

Sl. No.	Name	Position	Background
1	Mr. Abdur Razzak Master	Chairperson	Retired govt. servant
2	Mr. Abu Zaher Sarder	Vice-Chairperson	Farmer
3	Mr. Kafiluddin	General Secretary	Rural practitioner
4	Mr. Md. Ruhul Amin	Assistant General Secretary	Teacher
5	Mr. Md. Mostafa Kamal Manik	Finance Secretary	Social worker
6	Mr. Md. Ali Miah	Mass Communication & Publicity Secretary	Labourer
7	Mrs. Shahenara Begum	Member	Health volunteer
8	Mrs. Tahera Begum	Member	VDP Member
9	Mrs. Manoara Begum	Member	Savings group leader
10	Mr. Md. Sekander Ali	Member	Farmer
11	Mr. Nure Alam Parash	Member	Youth leader

PARTICIPATION IN PPP STUDY TOUR

The Nicare/British Council organized a study visit to see a number of innovative CHSs in Bangladesh for respective government officials and partnering organisations with a view to have a wider understanding of community-based and community-financed health schemes. Along with others, from BRAC, the Sector Specialist (PPP) participated the study tour and conceptualized different aspects of community-based approaches of GK (Savar), LAMB (Dinajpur), JRC/BDRCS (Satkhira), ICDDR, B's project (Chakoria) and CU (Ramui). BRAC representative found this exploratory trip worthwhile in terms of community teaching.

PLAN FOR NEXT QUARTER (June - August 2002)

CHS Action Plan development: During 2nd quarter of the project, BRAC will facilitate the Executive Committee members of Chataiani, Gopalnagar, Jeruine and Shahebabd CHCs to develop annual plan of action through a participatory peoples' planning exercise. One of the major focuses of the process is to identify the priority areas/strategies and probable actions to run the CHS with the available resources. The committee is expected to identify the sources for resources required for the implementation of the plan.

Capacity development: BRAC will undertake a number of capacity development activities during the reporting period included: Shastho Shebika basic training, CHC-EC members' orientation and training, refresher training of TTBA, orientation of CHS functionaries both GOB and CHS etc.

CHS establishment: During the reporting period, 3-CHSs (Jeruine, Gopalnagar and Chatiani) will be established. BRAC will provide all sorts of technical and financial assistance to the respective CHSs in accordance with proposals and budget provision.

ESP service delivery: In close collaboration with the GoB Health and Family planning Officials and staff, BRAC has a plan assisting respective parties to ensure quality essential health services to the entire community with an emphasis to the ultra-poor, children and women through CHS network.

Referral linkage: Technical assistance would be provided to CHS to identify referral points both public and private sectors required arrangements and agreements to establish responsive referral linkages.

Behavior Change Communication (BCC) Activities: BRAC will undertake innovative BCC activities through Shastho shebikas involving the CHS leaders and functionaries, observe community events and organize popular theatre. CHS-specific BCC action plan would also be developed.

Procurement and supplies: All necessary procurement and supplies will be made as per CHS plan.

LESSON LEARNED

- Village organizations and other social groups if adequately facilitated could play an important role in conducting participatory learning sessions with the community assistance.
- Health volunteer such as Shastho Shebikas, TTBA and LIP volunteers also can act as support group.
- Without proper consultation with the community about the site selection of CCs, appropriate sites selection is almost absent e.g., sites selected for CCs in Shahebabad, Chatiani, Dulalpur and Nulla was found not acceptable by the community.

- Solidarity of the community groups for monitoring and support the scheme starting from the construction works of Community Clinics to functioning is the pre-condition. The example is evident on the construction work which is yet to be completed.
- For proper functioning of the H&FWC, adequate supervision and support including staff availability have been identified as the concern of the community. One example is that the functionaries of Jeruine and Balina H&FWC are non-local staff and not willing to stay in their working area.

Annexure – A & B

List of Members of Chatiani General Health Committee

Sl. No.	Name	Background	Remarks
01	Md. Shahidul Islam	Farmer	
02	Md. Montajuddin	Farmer	
03	Md. Abdul Hakim	Farmer	
04	Md. Sekandar Ali	Farmer	
05	Md. Sirajul Islam	Local government representative	UP Member
06	Ms. Khodeja Begum	Local government representative	UP Member
07	Ms. Renuara Begum	Organised poor woman	
08	Ms. Jamila Begum	Organised poor woman	
09	Ms. Kohinoor Begum	Organised poor woman	
10	Ms. Janu Begum	Organised poor woman	
11	Ms. Monwara Begum	Organised poor woman	
12	Ms. Bilkiş Begum	Organised poor woman	
13	Ms. Majeda Begum	Organised poor woman	
14	Md. Shahjahan Mia	Village doctor	
15	Md. Kafiluddin	Village doctor	
16	Md. Abdul Alim	Village doctor	
17	Ms. Shahena Begum	Health volunteer	LIP volunteer
18	Ms. Rehena Begum	Health volunteer	Shastho Shebika
19	Ms. Tahera Begum	VDP member	
20	Md. Joydal Hossain	VDP member	
21	Md. Abdul Latif	VDP member	
22	Ms. Hironer Nesa.	VDP member	
23	Ms. Laily Akhter	Organised youth	
24	Md. Mizanur Rahman	Organised youth	
25	Md. Jasimuddin Bhuyan	Small trader	
26	Ms. Kohinoor Akhtar	Adolescent	
27	Ms. Lutfa Akhtar	Adolescent	
28	Md. Ruhul Amin	Adolescent	
29	Md. Sultan Ahmad Master	Teacher	
30	Md. Abdul Kadir Bhuiyan	Teacher	
31	Ms. Morsheda Begum	Teacher	
32	Md. Abu Jaher Sarder	Community leader	
33	Md. Abdul Latif	Community leader	
34	Md. A K M Abdur Razzaque	Community leader	
35	Hazi Osman Khan Master	Community leader	
36	Md. Mostafa Kamal Manik	Community leader	
37	Md. Nure Alam Parash	Youth leader	
38	Md. Taru Mia	Small trader	
39	Md. Abdul Majid	Small trader	
40	Md. Tajul Islam	Cooperative society member	
41	Md. Ali Miah	Cooperative society member	
42	Maolana Md. Rehanuddin	Religious leader	
43	Md. Khalilur Rahman	Social elite	
44	Md. Ruhul Amin	Teacher	

Shahebabad Community

Area	3 square Km.
Number of village	1
Number of Households	978
Average size of households	6.6 Person/house
Literacy Rate	26.4% (Male 33.4%, Female 19.3%)
Distance	2 Km. (from Upazila Sadar to UP office)
Transport System	Pucca road 1.5 Km.; Earthen road 1.5 Km.; River 3 Km.

Demographic Feature

Total Population	6,420
Number of male	3,077 (48%)
Number of Female	3,343 (52%)
Women of 15-49 years	1,475
Number of Eligible Couple	1,021
Number of Pregnant Women	200
Number of Children under 1 year	198
Number of Children under 5 year	1,390

Educational Institution

Number of College	1
Number of High School	1
Number of Primary School	3
Number of BRAC School	6
Number of Madrasa	1 (Aliya)

Social Institution/Community-Based Organisation

<i>Institution/Organisation</i>	Total Number	# Members	Remarks
Mahila Samabai Samity	7	168	BRDB organised
Krishak Samabai samity	1	20	
Bittohin Samabai Samity	3	135	
Ansar-VDP Platon	1	64	
Village Organisation	5	154	BRAC organised
Palli Samaj	1	25	
Bhumihin Mahila Samity	1	25	ASA organised
Grameen Women Group	14	350	Grameen Bank organised
Youth Club	2	60	
Rickshaw Sramik Samobai Samity	3	117	
Other NGO Group	3	117	VDC
Total	41	1,235	

Other Social Institutions/Infrastructure

Religious Institutions

Number of Mosque 6

Other Social Institutions/Infrastructure

Number of Post Office 1

Number of Bank 1 (Janata Bank)

Number of Rural Market (Hut/Bazar) 1

Number of small shop 35 (# tea stall - 27)

Public Health Sector*Health & Family Welfare Infrastructure*

Number of Community Clinic	1 (under construction)
Number of Satellite Clinic	3
Number of EPI Outreach Centre	8

Human Resources

Staff Category	# Sanctioned	# Present	# Vacant	Remarks
Assistant Health Inspector	1	1	0	1/union
Family Planning Inspector	1	1	0	1/union
Family Welfare Visitor	2	2	0	/union
Health Assistant	1	1	0	1/ward
Family Welfare Assistant	2	2	0	
Total	7	7	0	

Private Health Sector*Human Resources*

Number of Village Doctors/Rural Practitioners	6
Number of Medicine Shop/Pharmacy	6
Number of NGO Provider	3

Community Health Worker/Volunteers

Number of Shastho Shebika (BRAC)	1
Number of Trained TBA	4
Number of LIP Volunteer	6

Safe Water Supply & Sanitation

Number of Sanitary Latrine	49
Number of deep Tubewells installed	3
Number of shallow Tubewell installed	31
Number of Tubewell tested for Arsenic	0
Number of households with Pucca latrine	63
Number of households with semi-pucca latrine	865
Number of households with open latrine	49

Local Level Community Leaders (Formal/Informal)

Number of Female UP Members	1
Number of Male UP members	3
Number of ex-UP Chairman	1
Number of ex-UP Members	7
Number of Teachers	35
Number of Imam	6
Number of Marriage Register	1
Number of freedom fighters	11
Number of NGO Leaders	1
Number of retired service holders	37

Miscellaneous

Number of VGF cardholder	10
Number of Beggar	5

Distance from Upazila Headquarters	3 Km.
Distance from Upazila Health Complex	3.5 Km.
Distance from Nearest H&FWC	3 Km.

Chatiani Community

Area	3.5 square Km.
Number of villages	3
Number of Households	817
Average size of households	7
Literacy Rate	25.9 % (Male -34%, Female - 18%)
Distance	2 Km. (From Upazila Sadar to Shahebabad UP office)
Transport System	Pucca road - 2 Km.; Earthen road - 1 Km.; River - 2 Km.

Demographic Information

Total Population	5,759
Number of male	2,960 (51%)
Number of Female	2,799 (49%)
Women of 15-49 years	1,251
Number of Eligible Couple	870
Number of Pregnant Women	176
Number of Children under 1 year	170
Number of Children under 5 year	1,124

Educational Institution

Number of High School	1
Number of Primary School	3
Number of BRAC School	5
Number of Dakhil Madrasa	1

Social Institution/Community-Based Organisation

Institution/Organisation	Total Number	# Members	Remarks
Mahila Samabai Samity	3	97	BRDB
Krishak Samabai samity	4	85	
Bittohin Samabai Samity	1	30	
Ansar-VDP Platon	3	192	
Village Organisation	3	111	BRAC organised
Palli Samaj	1	20	
Bhumihin Mahila Samity	2	50	ASA organised
Grameen Women Group	4	100	Grameen Bank organised
Youth Club	6	177	
Rickshaw Sramik Samobai Samity	1	30	
Total	28	892	

Other Social Institution/Infrastructure

<i>Religious Institution</i>			
Number of Mosque	5		
<i>Other Institution/Infrastructure</i>			
Number of Orphanage	1		
Number of Rural Market (Bazar)	1		
Number of small shop	21	(# tea stall - 15)	

Public Health Sector*Health & Family Welfare Infrastructure*

Number of Community Clinic	1	(under construction)
Number of Satellite Clinic	3	
Number of EPI Outreach Centre	8	

Human Resources

Staff Category	# Sanctioned	# Present	# Vacant	Remarks
Assistant Health Inspector	1	1	0	1/union
Family Planning Inspector	1	1	0	1/union
Family Welfare Visitor	2	1	1	/union
Health Assistant	1	1	0	
Family Welfare Assistant	1	1	0	
Total	6	5	1	

Private Health Sector*Human Resources*

Number of Village Doctors/Rural Practitioners	6
Number of Medicine Shop/Pharmacy	6
<i>Community Health Worker/Volunteers</i>	
Number of Shastho Shebika (BRAC)	1
Number of Trained TBA	4
Number of LIP Volunteer	6
Number of TB Contact Person (BRAC)	1

Safe Water Supply & Sanitation

Number of Sanitary Latrine	19
Number of deep Tubewells installed	4
Number of shallow Tubewell installed	13
Number of Tubewell tested for Arsenic	0
Number of households with Pucca latrine	22
Number of households with semi-pucca latrine	738
Number of households with pit latrine	8
Number of households with open latrine	27

Local Level Community Leaders (Formal/Informal)

Number of Female UP Member	1
Number of Male UP members	2
Number of ex-UP Chairman	1
Number of ex-UP Members	4
Number of Teachers	33
Number of Imam	5
Number of freedom fighters	9
Number of NGO Leaders	1
Number of retired service holders	19

Miscellaneous

Number of VGF Cardholder	10
Number of Beggar	5

Distance from Upazila Headquarters	3 km.
Distance from Upazila Health Complex	3.5 km.
Distance from H&FWC	5 km.
Distance from Comilla Sadar Hospital	23 km.

Jeruin Community

Area	3.35 square km.
Number of village	2
Number of Households	1,490
Average size of households	6.6 person/house
Literacy Rate	41% (Male 49%; Female 31.9%)
Distance	2 Km. (From Upazila Hq. to Shahebabad UP office)
Transport System	Pucca road 4 Km.; Earthen road 1Km.; River 4 Km.

Demographic Information

Total Population	9,777
Number of male	5,027 (51%)
Number of Female	4,750 (49%)
Women of 15-49 years	2,054
Number of Eligible Couple	1,571
Number of Pregnant Women	300
Number of Children under 1 year	298
Number of Children under 5 year	1,465

Educational Institution

Number of High School	2
Number of Primary School	4 (# govt. 2)
Number of BRAC School	3
Number of Senior Madrasa	1
Number of Dakhil Madrasa	1

Social Development Institution/Community-Based Organisation

Institution/Organisation	Total Number	# Members	Remarks
Mahila Samabai Samity	4	125	BRDB organised
Krishak Samabai samity	2	45	
Ansar-VDP Platon	4	256	
Village Organisation	6	185	BRAC organised
Bhumihin Mahila Samity	4	100	ASA organised
Grameen Women Group	2	80	Grameen Bank organised
Youth Club	3	107	
Rickshaw Sramik Samobai Samity	2	92	
Other NGO Group	3	122	
Total	30	1,112	

Other Social Institution/Infrastructure

<i>Religious Institution</i>			
Number of Mosque	10		
<i>Other Infrastructure</i>			
Number of Post Office	1		
Number of Orphanage	1		
Number of Rural Market (Hut/Bazar)	3		
Number of small shop	62	(# tea stall - 22)	

Public Health Sector

Health & Family Welfare Infrastructure

Number of H&FWC	1
Number of Satellite Clinic	2
Number of EPI Outreach Centre	8

Human Resources

Staff Category	# Sanctioned	# Present	# Vacant	Remarks
Sub-Assistant Community MO	1	1	0	
Pharmacist	0	0	0	
Assistant Health Inspector	1	1	0	1/union
Family Planning Inspector	1	1	0	1/union
Family Welfare Visitor	2	1	1	/union
Health Assistant	1	1	0	
Family Welfare Assistant	2	2	0	
MLSS	1	1	0	
Aya	1	1	0	
Total	10	9	1	

Private Health Sector

Number of Village Doctors/Rural Practitioners	17
Number of Kabiraj/Traditional Healers	2
Number of Medicine Shop/Pharmacy	17
<i>Community Health Worker/Volunteers</i>	
Number of Shastho Shebika (BRAC)	2
Number of Trained TBA	5
Number of LIP Volunteer	8
Number of TB Contact Person (BRAC)	3

Safe Water Supply & Sanitation

Number of Sanitary Latrine	13
Number of deep Tubewells installed	6
Number of shallow Tubewell installed	17
Number of Tubewell tested for Arsenic	0
Number of households with Pucca latrine	13
Number of households with semi-pucca latrine	1,064
Number of households with pit latrine	1
Number of households with open latrine	81

Local Level Community Leaders (Formal/Informal)

Present UP Chairman	1
Number of Female UP Member	1
Number of Male UP members	4
Number of ex-UP Chairman	1
Number of ex-UP Members	4
Number of Teachers	36
Number of Imam	10
Number of freedom fighters	16
Number of retired service holders	24

Miscellaneous

Number of VGF Cardholder	10
Number of Beggar	7
Distance from Upazila Headquarters	7 Km.
Distance from Upazila Health Complex	8 Km.
Distance from Comilla Sadar Hospital	23 Km.

Dulalpur Community

Area	2.60 square km.
Number of village	1
Number of Households	800
Average size of households	6.7
Literacy Rate	37.6% (Male 45.2%; Female 30.2%)
Distance	2 Km. (From Upazila Sadar to Shahebabad UP office)
Transport System	Pucca road 4 Km.; Earthen road 1Km.; River3 Km.

Demographic Feature

Total Population	5,360
Number of male	2,727 (50.87%)
Number of Female	2,663 (49.68%)
Women of 15-49 years	1,121
Number of Eligible Couple	872
Number of Pregnant Women	112
Number of Children under 1 year	176
Number of Children under 5 year	984

Educational Institution

Number of High School	1
Number of Primary School	4 (# govt. 1)

Social Institution/Community-Based Organisation

Institution/Organisation	Total Number	# Members	Remarks
Mahila Samabai Samity	4	89	BRDB organised
Krishak Samabai samity	1	25	
Bittohin Samabai Samity	1	28	
Ansar-VDP Platon	2	128	BRAC organised
Village Organisation	6	222	
Palli Samaj	1	20	
Bhumihin Mahila Samity	4	80	ASA organised
Grameen Women Group	2	80	Grameen Bank organised
Youth Club	1	30	
Rickshaw Sramik Samobai Samity	0	0	
Other NGO Group	2	78	VDC
Total	24	780	

Other Social Institution/Infrastructure

Religious Institution

Number of Mosque	6
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Other Institution/Infrastructure

Number of Post Office	1
Number of Orphanage	1
Number of Rural Market (Bazar)	1
Number of small shop	107 (# tea stall -21)

Public Health Sector*Health & Family Welfare Infrastructure*

Number of Community Clinic	1 (under construction)
Number of Satellite Clinic	3
Number of EPI Outreach Centre	8

Human Resources

Staff Category	# Sanctioned	# Present	# Vacant	Remarks
Assistant Health Inspector	1	1	0	1/union
Family Planning Inspector	1	1	0	1/union
Family Welfare Visitor	2	1	1	/union
Health Assistant	1	1	0	
Family Welfare Assistant	1	1	0	
Total	6	5	1	

Private Health Sector*Human Resources*

Number of Village Doctors/Rural Practitioners	6
Number of Medicine Shop/Pharmacy	10
Number of NGO Provider	1
<i>Community Health Worker/Volunteers</i>	
Number of Shastho Shebika (BRAC)	4
Number of Trained TBA	5
Number of LIP Volunteer	6
Number of TB Contact Person (BRAC)	2

Safe Water Supply & Sanitation

Number of Sanitary Latrine	54
Number of deep Tubewells installed	1
Number of shallow Tubewell installed	44
Number of Tubewell tested for Arsenic	0
Number of households with Pucca latrine	54
Number of households with semi-pucca latrine	635
Number of households with pit latrine	9
Number of household with open latrine	42

Local Level Community Leaders (Formal/Informal)

Present UP Chairman	1
Number of Male UP members	2
Number of ex-UP Chairman	1
Number of ex-UP Members	6
Number of Teachers	33
Number of Imam	6
Number of Marriage Register	1
Number of freedom fighters	15
Number of NGO Leaders	2
Number of retired service holders	44

Miscellaneous

Number of VGF Cardholder	10
Number of Beggar	9
Distance from Upazila Headquarters	5 Km.
Distance from Upazila Health Complex	4 Km.
Distance from Comilla Sadar Hospital	28 Km.

Gopalnagar Community

Area	3.5 square Km.
Number of village	1
Number of Households	1,159
Average size of households	6.6
Literacy Rate	32.1% (Male 39.6%, Female 24.6%)
Distance	2 Km. (From Upazila Sadar to Shahebabad UP office)
Transport System	Pucca road 3 Km.; Earthen road 1 Km.; River 2 Km.

Demographic Information

Total Population	7,659
Number of male	4,008 (52.3%)
Number of Female	3,651 (47.7%)
Women of 15-49 years	1,574
Number of Eligible Couple	1,030
Number of Pregnant Women	175
Number of Children under 1 year	183
Number of Children under 5 year	1,258

Educational Institution

Number of High School	1
Number of Primary School	4 (# govt. 1)
Number of Alia Madrasa	1
Number of Community Library	1 (BRAC organised)

Social Institution/Community-Based Organisation

Institution/Organisation	Total Number	# Members	Remarks
Mahila Samabai Samity	3	85	BRDB organised
Krishak Samabai samity	5	120	
Bittohin Samabai Samity	1	25	
Ansar-VDP Platon	1	64	
Village Organisation	3	83	BRAC organised
Bhumihin Mahila Samity	3	70	ASA organised
Grameen Women Group	2	45	Grameen Bank organised
Youth Club	2	100	
Rickshaw Sramik Samobai Samity	1	40	
Other NGO Group	2	78	VDC
Total	23	710	

Other Social Institution/Infrastructure

<i>Religious Institution</i>			
Number of Mosque	2		
<i>Other institution</i>			
Number of Post Office	1		
Number of Rural Market (Bazar)	1		
Number of small shop	47	(# tea stall 10)	

Public Health Sector

Number of Community Clinic	1	(under construction)
Number of Satellite Clinic	2	
Number of EPI Outreach Centre	8	

Human Resources

Staff Category	# Sanctioned	# Present	# Vacant	Remarks
Assistant Health Inspector	1	0	1	1/union
Family Planning Inspector	1	1	0	1/union
Family Welfare Visitor	2	1	1	/union
Health Assistant	1	1	0	
Family Welfare Assistant	2	2	0	
Total	7	5	2	

Private Health Sector*Human Resources*

Number of Village Doctors/Rural Practitioners	6
Number of Medicine Shop/Pharmacy	6
<i>Community Health Worker/Volunteers</i>	
Number of Shastho Shebika (BRAC)	1
Number of Trained TBA	4
Number of LIP Volunteer	6
Number of TB Contact Person (BRAC)	2

Safe Water Supply & Sanitation

Number of Sanitary Latrine	36
Number of deep Tubewells installed	3
Number of shallow Tubewell installed	24
Number of Tubewell tested for Arsenic	0
Number of households with Pucca latrine	36
Number of households with semi-pucca latrine	930
Number of households with pit latrine	26
Number of households with open latrine	176

Local Level Community Leaders (Formal/Informal)

Number of Female UP Member	1
Number of Male UP member	3
Number of ex-UP Chairman	1
Number of ex-UP Members	8
Number of Teachers	33
Number of Imam	2
Number of freedom fighters	12
Number of retired service holders	58

Miscellaneous

Number of VGF Cardholder	10
Number of beggar	3

Distance from Upazila Headquarters	5 km.
Distance from Upazila Health Complex	3.5 km.
Distance from H&FWC	5 km.
Distance from Comilla Sadar Hospital	28 km.

Balina Community

Area	3.15 square km.
Number of village	2
Number of Households	1,158
Average size of households	6.6
Literacy Rate	35.4% (Male 43.8%, Female 26.9%)
Distance	5 m. (From Upazila Sadar to Dulalpur UP office)
Transport System	Pucca road 4 Km.; Earthen road 3 Km.; River 5 Km.

Demographic Information

Total Population	7,670
Number of male	3,963 (51.7%)
Number of Female	3,707 (48.3%)
Women of 15-49 years	1,694
Number of Eligible Couple	1,211
Number of Pregnant Women	140
Number of Children under 1 year	202
Number of Children under 5 year	938

Educational Institution

Number of High School	1
Number of Primary School	2 (# govt. 2)
Number of BRAC School	2
Number of Alia Madrasa	1

Social Institution/Community-Based Organisation

Institution/Organisation	Total Number	# Members	Remarks
Mahila Samabai Samity	2	53	BRDB organised
Krishak Samabai samity	3	72	
Bittohin Samabai Samity	1	30	
Ansar-VDP Platon	2	128	
Village Organisation	6	191	BRAC organised
Palli Samaj	1	20	
Bhumihin Mahila Samity	1	30	ASA organised
Grameen Women Group	2	80	Grameen Bank organised
Youth Club	4	120	
Rickshaw Sramik Samobai Samity	1	30	
Other NGO Group	3	90	
Total	26	844	

Other Social Institution/Infrastructure

Religious Institutions

Number of Mosque 5

Other Institutions/Infrastructure

Number of small shop 18 (# tea stall 9)

Public Health Sector

Health & Family Welfare Infrastructure

Number of H&FWC 1

Number of Satellite Clinic 2

Number of EPI Outreach Centre 8

Human Resources

Staff Category	# Sanctioned	# Present	# Vacant	Remarks
Assistant Health Inspector	1	0	1	1/union
Family Planning Inspector	1	1	0	1/union
Family Welfare Visitor	2	1	1	/union
Health Assistant	1	1	0	
Family Welfare Assistant	2	2	0	
Total	7	5	2	

Private Health Sector*Human Resources*

Number of Village Doctors/Rural Practitioners	13
Number of Medicine Shop/Pharmacy	13
Number of NGO provider	2
<i>Community Health Worker/Volunteers</i>	
Number of Shastho Shebika (BRAC)	2
Number of Trained TBA	5
Number of LIP Volunteer	8
Number of TB Contact Person (BRAC)	1

Safe Water Supply & Sanitation

Number of Sanitary Latrine	37
Number of deep Tubewells installed	2
Number of shallow Tubewell installed	54
Number of Tubewell tested for Arsenic	0
Number of households with Pucca latrine	37
Number of households with semi-pucca latrine	994
Number of households with pit latrine	6
Number of households with open latrine	129

Local Level Community Leaders (Formal/Informal)

Number of Female UP Members	1
Number of Male UP members	3
Number of ex-UP Chairman	1
Number of ex-UP Members	7
Number of Teachers	44
Number of Imam	5
Number of freedom fighters	17
Number of NGO Leaders	1
Number of retired service holders	48

Miscellaneous

Number of VGF cardholder	10
Number of Beggar	2
Distance from Upazila Headquarters	7 Km.
Distance from Upazila Health Complex	6 Km.
Distance from Comilla Sadar Hospital	30 Km.

Nulla Community

Area	1.6 square Km.
Number of village	1
Number of Households	435
Average size of households	6.6
Literacy Rate	26.5% (Male 33.6%, Female 19.1%)
Distance	2 Km. (From Upazila Sadar to Dulalpur UP office)
Transport System	Pucca road 4 Km.; Earthen road 4 Km.; River 2 Km.

Demographic Information

Total Population	2,862
Number of male	1,443 (50.42%)
Number of Female	1,419 (49.58%)
Women of 15-49 years	625
Number of Eligible Couple	487
Number of Pregnant Women	68
Number of Children under 1 year	90
Number of Children under 5 year	482

Educational Institution

Number of Primary School	1 (# govt. 1)
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Social Institution/Community-Based Organisation

Institution/Organisation	Total Number	# Members	Remarks
Mahila Samabai Samity	2	45	RRDR organised
Krishak Samabai samity	2	50	
Bittohin Samabai Samity	1	30	
Ansar-VDP Platon	1	64	
Village Organisation	5	185	BRAC organised
Palli Samaj	1	20	
Bhumihin Mahila Samity	6	120	ASA organised
Grameen Women Group	2	80	Grameen Bank organised
Youth Club	2	65	
Total	22	659	

Other Social Institutions/Infrastructure

Religious Institution

Number of Mosque	2
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Other Institution/Infrastructure

Number of small shop	8 (# tea stall 5)
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Public Health Sector

Health & Family Welfare Infrastructure

Number of Community Clinic	1 (under construction)
Number of Satellite Clinic	2
Number of EPI Outreach Centre	2

Human Resources

Staff Category	# Sanctioned	# Present	# Vacant	Remarks
Assistant Health Inspector	1	0	1	1/union
Family Planning Inspector	1	1	0	1/union
Family Welfare Visitor	2	1	1	/union
Health Assistant	1	1	0	
Family Welfare Assistant	1	1	0	
Total	6	4	2	

Private Health Sector*Human Resource*

Number of Village Doctors/Rural Practitioners	5
Number of Kabiraj/Traditional Healers	1
Number of Medicine Shop/Pharmacy	5
Number of NGO provider	1
<i>Community Health Worker/Volunteers</i>	
Number of Shastho Shebika (BRAC)	1
Number of Trained TBA	1
Number of LIP Volunteer	6
Number of TB Contact Person (BRAC)	1

Safe Water Supply & Sanitation

Number of Sanitary Latrine	12
Number of deep Tubewells installed	2
Number of shallow Tubewell installed	8
Number of Tubewell tested for Arsenic	0
Number of households with Pucca latrine	12
Number of households with semi-pucca latrine	378
Number of households with pit latrine	8
Number of households with open latrine	70

Local Level Community Leaders (Formal/Informal)

Number of Female UP Members	1
Number of Male UP members	1
Number of ex-UP Members	3
Number of Teachers	15
Number of Imam	2
Number of freedom fighters	7
Number of NGO Leaders	1
Number of retired service holders	16

Miscellaneous

Number of VGF cardholder	5
Number of Beggar	3
Distance from Upazila Headquarters	3 Km.
Distance from Upazila Health Complex	6 Km.
Distance from H&FWC	4 Km.
Distance from Comilla Sadar Hospital	31 Km.

C/Reza/Community Profile

Demographic & health related information collected from UzHC, Brahmanpara.
Other information collected from the community directly.