ADVANCING PARTNERS & COMMUNITIES

COUNTRY PROFILE: BANGLADESH

BANGLADESH COMMUNITY HEALTH PROGRAMS
DECEMBER 2013

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COUNTRY PROFILE*

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* Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ARI	acute respiratory infection
CC	community clinics
CG	community group
CHCP	community health care providers
CHW	community health worker
CSBA	community skilled birth attendants
DGHS	Director General of Health Services
DMPA	depo-medroxy progesterone acetate (injectable contraceptive Depo-Provera)
DOTS	directly observed treatment short-course (tuberculosis)
FAM	fertility awareness methods
FP	family planning
FWA	female welfare assistants
FWV	female welfare visitors
HIV	human immunodeficiency virus
IRS	indoor residual spraying
IUD	intrauterine device
MCH	maternal and child health
MOH	Ministry of Health
NGO	nongovernmental organization
ORS	oral rehydration therapy/solution
PMTCT	prevention of mother-to-child transmission (of HIV)
PPH	postpartum hemorrhage
SDM	standard days method
SP	sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)
TB	tuberculosis
TBA	traditional birth attendants
VCT	voluntary counseling and testing (HIV)
WASH	water, sanitation, and hygiene

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)? *Please list all that you are aware of.* **If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.*	The **Revitalization of Community Health Care Initiatives in Bangladesh** is the Ministry of Health (MOH) community health system. It is supervised by the government and implemented out of community clinics (CCs).	The **Shasthya Shebikas** community health program is implemented by BRAC. It is a parallel health system to the MOH's Revitalization of Community Health Care Initiatives in Bangladesh.
2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	The community health program, as it exists today, was introduced in 1996 to expand the reach of the primary health care program to the rural and poor. The current policy runs through 2021. This program has its origins in the delivery of family planning (FP) services to clients' home by trained Female Family Welfare Assistants beginning in 1976.	BRAC started recruiting and training local women to promote family planning services and provide health and hygiene education in the mid-1970s in Sylhet district. The Shebika program was piloted in 1977. The program is now nationalized.

3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? *Please note specific districts/regions, if known.*	The community health program operates in rural communities.	BRAC provides services to extremely poor families, mostly in rural areas and urban slums.
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	The current program is scaling up. Further training of community health workers (CHWs) is ongoing, particularly for community skilled birth attendants (CSBA). Training of other CHWs such as the community health providers that run community clinics is ongoing; the first phase of training began in 2012 and the trainings are currently in their third phase.	Not applicable
5	Please list the health services delivered by CHWs[1] under this program. Are these services part of a defined package? Do these services vary by region?	The Revitalization of Community Health Care Initiatives in Bangladesh program offers multiple services, including: • Health education for nutrition and family planning • Health promotion and treatment of minor ailments • First aid • Child health services including treatment of illnesses, vaccinations, and distribution of Vitamin A • Identification of emergency and complicated cases for referral • Maternal health services including antenatal and postnatal care, normal delivery, and community registration of deaths and births. Community clinics also offer a variety of services, determined at the clinic level. Implementing NGOs often have a key role in determining which health interventions are most needed in particular regions.	The Shebika program provides: • Health promotion and education for water, sanitation, and hygiene (WASH), nutrition, family planning, pregnancy-related care, and immunizations • Diagnosis and treatment of common ailments, tuberculosis (TB), acute respiratory infection (ARI), and malaria • Sale of drugs and health commodities • Provision of essential newborn care • Referrals to government facilities for family planning services.

[1] The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

6	Are FP services included in the defined package, if one exists?	Yes, the Revitalization of Community Health Care Initiatives in Bangladesh provides family planning services; however this varies based on the needs of the community.	Yes.
7	Please list the family planning services and methods delivered by CHWs.	The community clinics offer a wide range of family planning services, including the continuous supply of temporary methods, including condoms and oral pills. Some community clinics also insert intrauterine device (IUDs) and provide the first dose of injectables by female welfare visitors (FWVs). The second and third doses of injectables are also offered by lower-level cadres. Additionally, FWVs administer sterilization services.	Shasthya Shebikas provide health promotion and education on FP, sell condoms and contraceptive pills, and provide referrals for other FP methods.
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	The majority of health services that occur at the community level take place out of community clinics. Clients travel to the clinic and receive needed services there. In some instances, CHWs conduct home visits in addition to providing care at community clinics. Historically, CHWs conducted door-to-door services, but transitioned to clinic-based services with the implementation of Revitalization of Community Health Care Initiatives in Bangladesh in 1996.	Shasthya Shebikas deliver services door-to-door.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	Yes. The Revitalization of Community Health Initiatives in Bangladesh program has four different cadres: **Female welfare visitors** work in community clinics or Union Health and Family Welfare Centers. **Female welfare assistants (FWA)** work in community clinics and conduct home visits. **Community health care providers (CHCP)** work in community clinics. **Community-skilled birth attendants** work in community clinics and conduct home visits to pregnant women.				Yes, the Shastiya Shebikas Program has two cadres of CHWs: **Shasthya Shebikas** provide essential health services. **Traditional birth attendants (TBAs)** attend deliveries and provide infant and young children feeding services.	
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Tasks and responsibilities vary by cadre. The cadres are differentiated by experience and education; thus tasks and responsibilities are related to level of training and experience.				Tasks vary by cadre. Shasthya Shebikas deliver essential health services, while TBAs only provide delivery and child health services.	
11	Total number of CHWs in program? *Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.*	**FWV** More than 4,000	**FWA** More than 23,500	**CHCP** 13,271 trained in first two phases	**CSBA** More than 6,500 The government goal is one CSBA per 8,000-10,000 population or 13,500 CSBAs by 2015.	**Shasthya Shebikas** 91,000	**TBAs** 1,000

12	Criteria for CHWs (e.g. age, gender, education level, etc.)? *Please break this down by cadre, if known.*	**FWV** Must have a 12th grade education	**FWA** Must have a 10th grade education	**CHCP** Information unavailable	**CSBA** Information unavailable	**Shasthya Shebikas** Must be female, a known resident of the community, acceptable to the community in which they work, married with children less than two years old, and have some literacy and numeracy skills	**TBAs** Information unavailable
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. *Please break this down by cadre, if known.*	**FWV** Receive 18 months of training	**FWA** Receive two months of training	**CHCP** Receive three months of training. Their training is broken down into six weeks of theoretical training and six weeks of practical training.	**CSBA** Receive six months of trainings[2]	**Shasthya Shebikas** Receive initial primary health care training. They also receive supplemental training for specific health interventions, followed by monthly refresher trainings.	**TBAs** Information unavailable
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	**FWV** Yes, trainings are comprehensive.	**FWA** Yes, trainings are comprehensive.	**CHCP** Yes, trainings are comprehensive..	**CSBA** Yes, trainings are comprehensive.	**Shasthya Shebikas** No, trainings are conducted in modules by health area, over time.	**TBAs** Information unavailable

[2] Hosted by EngenderHealth.

15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	**FWV** Distribute family planning methods, manage normal deliveries	**FWA** Distribute family planning methods, nutrition education, and tetanus immunization; generate demand for health services; and provide advice on hygiene, antenatal care, safe delivery, postnatal care, and essential newborn care	**CHCP** Childhood illnesses including, pneumonia, diarrhea, neonatal sepsis and birth asphyxia; first aid of common injuries; provision of family planning methods; nutrition education; antenatal care, safe delivery, postnatal care; vitamin A distribution; child vaccination; oral rehydration therapy (ORS) distribution; birth and death registration; and registration of pregnant women	**CSBA** Skilled delivery	**Shasthya Shebikas** Health promotion and education on WASH, nutrition, family planning, pregnancy-related care, childhood immunization, and mobilization for national immunization days Treatment of common ailments including fever, common cold, anemia, peptic ulcer, diarrhea, amoebic dysentery, goiter, scabies, helminthiasis, ring worm, pneumonia, and angular stomatitis Other medical duties including: early diagnosis and treatment of malaria, provision of essential newborn care, identifying TB suspects, referral for sputum examination, ensuring directly observed treatment short-course (DOTS) for TB patients, referral to government facility for temporary or permanent contraceptive methods, identify pregnant women and refer to higher cadre, and ARI prevention and treatment services Sale of drugs and health commodities including Paracetamol, vitamins, anti-histamines, ORS, antacids, anti-helminthics, health commodities, iodized salt, soap, sanitary napkins, condoms, contraceptive pills, safe delivery kits, and reading glasses	**TBAs** Distribute iron and essential element supplements, perform antenatal care services, and provide health and nutrition education

16	Please list which family planning services are provided by which cadre(s), as applicable.	CSBAs and TBAs do not provide FP services. The following table reflects the cadres in both programs that provide FP services:				
			FWV	**FWA**	**CHCP**	**Shasthya Shebikas**
		Information/ education	Standard days method (SDM), IUDs, injectable contraceptive Depo-Provera (DMPA), implants, oral pills, condoms, and permanent methods	Standard days method, IUDs, DMPA, implants, oral pills, condoms, and permanent methods	Standard days method, IUDs, DMPA, implants, oral pills, condoms, and permanent methods	Condoms, oral pills, IUDs, DMPA, implants, and permanent methods
		Method counseling	Standard days method, IUDs, injectables, implants, oral pills, condoms, and permanent methods	Standard days method, IUDs, injectables, implants, oral pills, condoms, and permanent methods	Standard days method, IUDs, injectables, implants, oral pills, condoms, and permanent methods	Condoms and oral pills
		Method provision	Standard days method, IUDs, injectables, implants, oral pills, condoms, and permanent methods	Standard days method, oral pills, condoms	Standard days method, oral pills, condoms	Condoms and oral pills
		Referrals	Not applicable	Implants, IUDs, injectables, and permanent methods	Implants, IUDs, injectables, and permanent methods	Injectables, IUDs, implants, emergency contraception, and permanent methods

17	Do CHWs distribute commodities in their communities (zinc tablets, FP methods, etc.)? Which programs/products?	**FWV** Distribute IUDs, implants, injectables, oral pills, and condoms	**FWA** Distribute subsequent injections (i.e. do not administer first injection, but can provide subsequent), oral pills, and condoms	**CHCP** Distribute Vitamin A, child vaccinations, oral rehydration therapy, zinc tablets, condoms, and oral pills	**CSBA** n/a	**Shasthya Shebikas** Distribute Paracetamol, vitamins, anti-histamines, oral rehydration saline, antacids, anti-helminthics, iodized salt, soap, sanitary napkins, condoms, contraceptive pills, safe delivery kits, reading glasses, DOTS, and malaria treatment	**TBAs** Distribute iron supplements and essential vitamins
18	Are CHWs paid, are incentives provided, or are they volunteers? *Please differentiate by cadre, as applicable.*	**FWV** Information unavailable	**FWA** Information unavailable	**CHCP** Paid salary by the MOH	**CSBA** Information unavailable	**Shasthya Shebikas** Shasthya Shebikas are volunteers, but they receive income from the sales of commodities they provide to their clients.	**TBAs** TBAs are volunteers, but they receive income from the sales of commodities they provide to their clients.
19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	**FWV** Information unavailable	**FWA** Information unavailable	**CHCP** Information unavailable	**CSBA** Information unavailable	**Shasthya Shebikas** Clients, through purchases of commodities	**TBAs** Clients, through purchases of commodities
20	Do CHWs work in urban and/or rural areas?	**FWV** Rural	**FWA** Rural	**CHCP** Rural	**CSBA** Rural	**Shasthya Shebikas** Both rural areas and urban slums	**TBAs** Both rural areas and urban slums

21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	**FWV** Information unavailable	**FWA** Information unavailable	**CHCP** Information unavailable	**CSBA** Information unavailable	**Shasthya Shebikas** Shasthya Shebikas must be members of the community they serve.	**TBAs** TBAs must be members of the community they serve.
22	Describe the geographic coverage/catchment area for each CHW.	**FWV** Each FWV serves 1,000 people, and about 200 families.	**FWA** Information unavailable	**CHCP** A CHCP serves one community clinic, which serves around 6,000 people.	**CSBA** A CSBA serves 8,000-10,000 people.	**Shasthya Shebikas** Each Shasthya Shebika is expected to visit 250-300 households per month.	**TBAs** Information unavailable
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	**FWV** FWVs use a shared bicycle stored at the community clinic.	**FWA** FWAs use a shared bicycle stored at the community clinic.	**CHCP** CHCPs use a shared bicycle stored at the community clinic.	**CSBA** CSBAs use a shared bicycle stored at the community clinic.	**Shasthya Shebikas** Information unavailable	**TBAs** Information unavailable

24	Describe the CHW role in data collection and monitoring.	**FWV** Information unavailable	**FWA** FWAs maintain a register to record pregnancy estimates, births and deaths, vaccination status of mothers and children, and monthly stock balance of contraceptives.	**CHCP** Information unavailable	**CSBA** Information unavailable	**Shasthya Shebikas** Shasthya Shebikas must report on their activities either orally or written. There is also an independent monitoring department that measures inputs and outputs and quarterly performance.	**TBAs** Information unavailable

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes, the distribution of health infrastructure under the Director General of Health Services (DGHS) is divided into tiers: • National • Divisional • District • Upazila (subdistrict) • Union • Ward • Village. Community clinics are at the village level, and they are implemented through government and community partnerships. The clinics are constructed on community donated land; construction, medicine, and logistics are supplied by the government. The management of the clinics is shared by both the government and community groups.	The Shasthya Shebika program is managed by BRAC. While supervision occurs at local offices, the program is centrally managed.
26	Is the MOH responsible for the program, overall?	Yes, the Ministry of Health through the DGHS is responsible for the program.	No, BRAC is responsible for the overall program. However, they work in accordance with the MOH guidelines and policy.
27	What level of responsibility do regional, state, or local governments have for the program, if any? *Please note responsibility by level of municipality.*	Each community clinic has one managing body, the community group (CG). The CG represents different groups of people within the catchment area of each community clinic. Government staff working at the community clinic provide technical and secretarial support to the CG. CC staff are supported under the DGHS.	Not applicable

28	What level of responsibility do international and local NGOs have for the program, if any?	NGOs[3] are connected to specific community clinics. Their mandate is to assist in strengthening institutional capacity; strengthen and manage community management groups; conduct advocacy, training, and research to make the program more cost effective; engage local government in effective management; and mobilize community groups to identify the poorest and connect them to health services.	BRAC is an NGO, and holds sole responsibility for the program, though it follows MOH guidelines and principles.
29	Are CHWs linked to the health system? Please describe the mechanism.	All cadres of CHWs are linked to the health system. They are considered employees of the DGHS.	Information unavailable
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	Health inspectors, assistant health inspectors, and family planning inspectors are the immediate supervisors of CHCPs at the union level. FWVs and FWAs visit the community clinics on a monthly basis and receive supervision at this time. Supervision and monitoring of the program are conducted at the Upazila level, followed by the district level.	Shasthya Shebika are supervised by Shasthya Kormis, who are also employees of BRAC.
31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	Clients seen through home visits are referred to the community clinic. The next level of services are offered at the Health and Family Welfare Centre or rural dispensary followed by the Upazila Health Complex. The highest level of services are at the Maternal and Child Welfare Centre at the district level.	Shasthya Shebikas and TBAs refer clients to government health facilities.

[3] NGOs supporting community clinics include Plan International, CARE, VSO, ACDL/VOCA, DASCOH, BADAS, Save the Children, GAVI, PHD, SEED, and Health Network Bangladesh.

<table>
<tr><td>32</td><td>Where do CHWs refer clients specifically for FP services?
Please note by method.</td><td colspan="5">CBSA and TBA cadres do not provide FP services. The following table reflects where the remaining cadres refer clients for FP services:<table>
<tr><th></th><th>FWV</th><th>FWA</th><th>CHCP</th><th>Shastya Shebika</th></tr>
<tr><td>SDM/fertility awareness methods (FAM)</td><td>Not applicable</td><td>Not applicable</td><td>Not applicable</td><td>Not applicable</td></tr>
<tr><td>Condoms</td><td>Not applicable</td><td>Not applicable</td><td>Not applicable</td><td>Not applicable</td></tr>
<tr><td>Oral pills</td><td>Not applicable</td><td>Not applicable</td><td>Not applicable</td><td>Not applicable</td></tr>
<tr><td>DMPA</td><td>Not applicable</td><td>Community clinic/FWV</td><td>Community clinic/FWV</td><td>Government health facility</td></tr>
<tr><td>Implants</td><td>Not applicable</td><td>Community clinic/FWV</td><td>Community clinic/FWV</td><td>Government health facility</td></tr>
<tr><td>IUDs</td><td>Not applicable</td><td>Community clinic/FWV</td><td>Community clinic/FWV</td><td>Government health facility</td></tr>
<tr><td>Permanent methods</td><td>Not applicable</td><td>Community clinic/FWV</td><td>Community clinic/FWV</td><td>Government health facility</td></tr>
<tr><td>Emergency contraception</td><td>Not applicable</td><td>Not applicable</td><td>Not applicable</td><td>Government health facility</td></tr>
</table></td></tr>
<tr><td>33</td><td>Are CHWs linked to other community outreach programs?</td><td colspan="2">Information unavailable</td><td colspan="2">Information unavailable</td></tr>
</table>

34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	Current information about knowledge sharing among CHWs and supervisors is unavailable. However, there is an eHealth pilot program being conducted in Sylhet and Chittagong Districts in which 300 CHWs have received a netbook computer loaded with several eToolkits that contain a digital library of communication materials in maternal and child health (MCH), FP and nutrition, and eight eLearning courses.	Shasthya Shebikas attend monthly refresher trainings where supervisors provide feedback, solve problems, and review individual performance.
35	What links exist to other institutions (schools, churches, associations, etc.)?	Information unavailable	Information unavailable
36	Do vertical programs have separate CHWs or "share/integrated"?	Information unavailable	Information unavailable
37	Do they have data collection/reporting systems?	FWAs collect data through a Field Workers Record Keeping Book. Additional data collection methods are not available. Six community clinics are currently involved in pilot testing of a web-based reporting system that provides data directly from a community clinic to the program's headquarters.	There is an independent monitoring department that measures inputs and outputs and quarterly performance. The Shebika program produces performance data based on data collected by supervisors and Shastya Shebikas.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	The program is financed through the MOH budget and user fees.	The Shebika program is financed through donor funding, social marketing funds, and self-financing through BRAC commercial enterprises.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	Commodities are supplied to community clinics by the Upazila Family Planning Stores and service delivery points. CHWs access their supplies from the community clinics.	Shasthya Shebikas and TBAs receive supplies at BRAC area branch offices. There are 2,400 branch offices throughout Bangladesh. Supplies are refilled at monthly refresher trainings, where Shasthya Shebikas place and pick up supply orders. If supplies are needed in between trainings, they pick up supplies at branch offices on Thursdays.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	Information unavailable	Information unavailable

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? *Please provide a link if available online.*	Yes, the *Community Based Health Care Operational Plan 2011-2016* is the community health policy. However, this plan is currently being merged with the overall health policy, the *Health, Population and Nutrition Sector Development Program Implementation Plan (2011-2016).* There is also a government-based website on community clinics: communityclinic.gov.bd.
42	Is the community health policy integrated within overall health policy?	The *Community-based Health Care Operational Plan* will be merged with the *Health, Population and Nutrition Sector Development Program Implementation Plan.*
43	When was the last time the community health policy was updated? (months/years?)	The policy was last updated in July, 2011.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	The policy dictates the program should function nationwide.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	Yes, the policy provides information regarding what services can and cannot be offered.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	The policy dictates that FWVs are able to provide tubectomies, non-scalpel vasectomy, IUDs, implants, injectables, pills, and condoms. FWAs are able to administer the second and subsequent dose of injectables, pills, and condoms. Lastly, CHCPs are able to provide oral pills and condoms.

VI. INFORMATION SOURCES

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VII. AT-A-GLANCE GUIDE TO BANGLADESH COMMUNITY HEALTH SERVICE PROVISION

Intervention		Family Welfare Visitors				Family Welfare Assistants & Community Health Care Providers				Community-Skilled Birth Attendants			
Family Planning	*Services/ Products*	*Information /education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information /education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM	X	X	X		X	X	X					
	Condoms	X	X	X		X	X	X					
	Oral pills	X	X	X		X	X	X					
	DMPA (IM)	X	X	X		X	X	X	X				
	Implants	X	X	X		X	X		X				
	IUDs	X	X	X		X	X		X				
	Emergency Contraception												
	Permanent methods	X	X	X		X	X		X				
HIV/AIDS	Voluntary counseling and testing (VCT)												
	Prevention of mother-to-child transmission (PMTCT)												

MCH	Misoprostol (for prevention of postpartum hemorrhage - PPH)										
	Zinc										
	ORS										
	Immunizations										
	Delivery									X	
Malaria	Bed nets										
	Indoor residual spraying (IRS)										
	Sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria) (SP)										
TB	DOTS	X		X							
	Test	X		X							

Intervention		Shasthya Shebikas				TBAs			
Family Planning	*Services/Products*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM								
	Condoms	X	X	X					
	Oral pills	X	X	X					
	DMPA (IM)	X			X				
	Implants	X			X				
	IUDs	X			X				
	Emergency Contraception	X			X				
	Permanent methods	X			X				
HIV/AIDS	VCT								
	PMTCT								
MCH	Misoprostol (for PPH)								
	Zinc					X		X	
	ORS			X		X			
	Immunizations					X			
	Delivery								
Malaria	Bed nets								
	IRS								
	SP	X		X					

TB	DOTS	X		X					
	Test	X		X					

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