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**Urban Family
Health Partnership
Annual Report
1999/2000**

**Annual Report for October
1999 to September 2000**

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USAID, Dhaka**

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Fertility Reduced and Family Health Improved
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Contents

	Page
A. Summary of Main Activities in 1999/2000	2
1. Outcome of Action Plans	2
2. Special Initiatives Undertaken	16
3. Success Stories	19
4. Lessons Learned	21
B. Progress Against Selected Performance Indicators	22
1. Clinic Performance	22
2. NIPHP IR Indicators	23
3. Long-term Objectives	27
4. Training Conducted	29
5. Publications Produced	30
C. Recent Customer Feedback	30
D. Collaboration with GOB	32
E. Collaborating with Partners	34
F. Outstanding Strategic Issues to be Resolved	35
G. Pipeline Analysis	37

Appendices

Attachment A – UFHP Organogram

Attachment B – Training Conducted Under UFHP Auspices

Attachment C – UFHP Pipeline Position

Attachment D – UFHP Performance – 1997-2000

Attachment E – Administrative Actions

Attachment F – Complete Set of Publications (separate cover)

A. Summary of Main Activities in 1999/2000

1. Outcome of Action Plans

Progress against UFHP's 1999/2000 work plan is reported for each of the 43 action plans. In the commentary below, we note the status of each plan at year-end. Each of UFHP's three management partners – BCCP, CWFP and PSTC - have participated in all plans through their seconded staff within the UFHP structure.

Action Program 1 – NGO's ESP Strengthening

Action Plan 1a – Adolescent Reproductive Health Program

The Adolescent Health Program (AHP) started its pilot implementation in June 1999 in 16 clinics. The program name has been changed to Adolescent Reproductive Health Program and the priorities revised to emphasize:

- Nationwide focus on HIV/AIDS, MMR/IMR reduction, and ARH awareness in all UFHP clinics (main activities: dissemination of IEC materials, use of videos, distribution of condoms, counseling, and service provision); and
- Special ARH initiatives in 16 locations to provide services for adolescents in adolescent friendly clinics, school-based and community based programs using peer educators, BCC activities such as street dramas, folk songs, tournaments, etc.

UFHP, in collaboration with the Population Council (PC) Global OR project, has completed an adolescent health baseline survey in three B category municipal areas (including one control area). ORP has also assisted with the implementation of baseline surveys in three other areas (two A category and one C category). Baseline surveys were completed in June 2000, which enumerated the adolescent population and documented knowledge and perceptions about adolescent issues by adolescents and parents/guardians. Draft tables have been prepared and the final report is in process. As a part of our collaboration with the PC Global OR Project, UFHP's Adolescent Health Coordinator visited Mexico's MEXFAM Program in December 1999.

A six month program evaluation was conducted. A local consultant, assisted by other review team members, reviewed the program. Among the major results of the review were recommendations that both gender issues and drug abuse be incorporated into the program and that a separate peer educator training curriculum be developed. On the basis of the review results, the training curriculum was modified and two batches of trainings conducted for clinic staff in May-June 2000 with modified curriculum.

A number of BCC/Marketing materials were developed and produced in support of the AHP. These included a laminated card which outlines the AHP objectives to build support among teachers and gatekeepers; a flipchart containing information on adolescent issues for use by service providers during individual and non-formal group counseling sessions; and two information sheets, one for parents/guardians and another for adolescent service needs and

facilities, which were developed in collaboration with PC to use in the PC collaborated intervention area. UFHP is collaborating with ORP, NIPHP and non-NIPHP partners to develop BCC materials which address the most frequently asked questions by adolescents.

UFHP has also started another collaborative project with ORP and CWFD for testing of different models to foster a "supportive environment" to help adolescents in sex sites. CWFD's experience in implementing a successful Adolescent Reproductive Health Program in Chittagong will be replicated in six clinics in Dhaka in collaboration with ORP.

Action Plan 1b – Adult Male Involvement in FP

The Male Involvement Program concept was developed and finalized in November 1999, and the NSV program was successfully rolled-out in October 1999. BCC/M materials were developed in support of the campaign including brochures, flipcharts, group meeting facilitation guidelines and materials, banners, and posters. BCC/M support materials for NSV are in the process of being disseminated.

The counselor curriculum is currently being amended to include a couple counseling component. The next round of counselor training, to be held in January 2001, will include this component.

Action Plan 1c – HIV/AIDS project and ANC/syphilis screening

HIV/AIDS project

The HIV/AIDS project has been operating in 26 service delivery sites since September 1999. HIV/AIDS communication and counseling training was conducted for the 117 clinic counselors, SSPs, SPs and HIV/AIDS counselors at intervention clinics in October 1999. The Honorable State Minister for Health and Family Welfare formally launched the project at a well-publicized ceremony in Dhaka in January 2000. Similar program dissemination ceremonies were held in Chittagong and Khulna in February and March 2000 respectively.

To date, five types of BCC materials on HIV/AIDS and three types on RTI/STDs have been developed and distributed in support of the HIV/AIDS program. These include laminated cards and loose-leaf flipcharts for service providers, banners and instructional materials for group meetings, and information brochures for clinic customers.

UFHP completed an awareness survey in 26 sites in August 2000. Results from this survey will be compared to national data, as well as to data collected by UFHP at future points.

A referral mechanism for RTI/STD customers referred by SMC's Shurokha project has been established, and a working relationship in 4 brothels (Jamalpur, Mymensingh, Madaripur and Magura) has been formalized. UFHP holds monthly clinic-level meetings with SMC to strengthen this initiative.

The HIV rapid testing plan was finalized in April 2000, after a slight delay due to consultant unavailability. The rapid syphilis test will be introduced in 26 selected locations to screen

antenatal mothers and at risk populations (subject to availability of a waiver from USAID to purchase the test kit). The rapid syphilis test is being introduced to assess the feasibility of UFHP service sites conducting confidential testing. Provided UFHP service sites can conduct confidential testing, UFHP proposes to introduce Voluntary HIV Counseling and Testing (VCT).

The mid-term internal review and evaluation of the HIV/AIDS program was completed in August 2000. Preliminary results were presented to the UFHP staff. The report is being drafted. Expansion of the HIV/AIDS program in additional A and B category clinics is on hold due to changes in program strategy.

ANC syphilis screening

Twenty-six clinics from 18 NGOs were selected to participate in the ANC syphilis screening program which was started in September 1999. Prior to the beginning of the program, all doctors and paramedics were trained in RPR testing procedures. UFHP is exploring the possibility of acquiring rapid testing kits for syphilis screening, as recommended by Elizabeth Marum. Acquisition of the kits is contingent on UFHP receipt of a waiver for their purchase from USAID.

In addition, UFHP and ORP are collaborating on a study to assess the validity of syndromic management protocols for vaginal discharge. The study is being conducted in 3 clinics (PSKP – Tejgoan, Shajadpur and Manikdhi). Laboratory facilities will be established in these clinics by ORP, and UFHP has recruited two laboratory technicians for the Tejgoan and Sahajadpur clinics. ORP will arrange the refresher training for paramedics covering the use of the syndromic management protocol. A joint monitoring and observation mechanism is being developed to ensure that the paramedics follow all the recommended steps in the standardized protocol for managing RTI/STD customers. The study activities started in June 2000, with an estimated study duration of 15 months.

Action Plan 1d – ICDDR,B Child Health

The UFHP/PSKP clinic at ICDDR,B Mohakhali campus was launched in November 1999. A contract with ICDDR,B was signed in January 2000, and referral of Plan A diarrheal patients began in March 2000. The PSKP clinic is currently managing Plan A and uncomplicated Plan B diarrheal cases referred from ICDDR,B hospital, and is averaging 200 patients per day. After consultation with ICDDR,B, the UFHP/PSKP clinic and the ICDDR,B hospital in Dhaka began charging for services from the end of March 2000. This is a significant change in ICDDR,B policy which will have an important impact on the long-term sustainability of ICDDR,B's Dhaka-based hospital.

The positioning strategy for ICDDR,B's Child Health activities was delayed due to ICDDR,B's recent management changes and reorganization. All other TA support planned under this project will be implemented following the positioning strategy.

While ICDDR, B's logo has been successfully franchised to the UFHP/PKSP clinic, further franchising initiatives have been postponed until UFHP staff can be trained in ICDDR,B's

diarrheal disease treatment protocols, and mechanisms for UFHP/ICDDR,B collaboration can be institutionalized.

Action Plan 1e – Extension of the UFHP/FPAB Alliance on Comprehensive Care Clinics

Based on recommendations from a local consultant, FPAB clinics were added to the UFHP network. This strategy enables UFHP to provide direct assistance to eight clinics to improve overall quality of health services delivery. FPAB clinics receive regular monitoring and support from a UFHP NLO. Clinic staff participate in UFHP sponsored trainings and all UFHP quality guidelines and protocols are shared with FPAB clinics.

Action Plan 1f – Formalizing Referral Mechanisms

Potential referral centers for ESP services not provided by UFHP clinics have been established for all clinics. In order to institutionalise the system at the field level, UFHP has prepared draft referral center prequalification criteria. Prequalification criteria was circulated to all UFHP clinics so that they could prequalify referral centers in their area. Although the deadline for submission has passed, many of the NGO clinics have failed to send the completed prequalification criteria back to UFHP. UFHP has begun to analyze the information received to date and plans to complete the analysis by the end of October. The workshop scheduled to be conducted in July 2000 has been delayed.

Action Plan 1g – IMCI pilot project

All work on this action plan has been put on hold pending approval of translation of the IMCI manuals and selection of pilot implementation thanas by the GOB. UFHP can only start using the protocol in some municipalities if allowed and approved by GOB.

In late April 2000, the Child Survival Task Force was reconvened under the leadership of the Director, PHC & DC, and Line Director, ESP, DGH. UFHP is a member of this subcommittee that will work to further the IMCI agenda.

Action Plan 1h – Long Term FP Project

The NSV/Norplant program was initiated in October 1999. Training of Doctors for NSV (21 clinics) and Norplant (30 clinics) through the GOB training system was completed in February 1999. The GOB also provided an initial set of NSV and Norplant kits for use in some of the clinics. UFHP is using GOB training opportunities for conducting training for new service delivery teams or to train new staff, where trained staff have left.

UFHP is working with GOB and QIP for the development of a strategy to deal with low NSV contacts due to 1) the GOB failure to provide MSR to UFHP clinics; and 2) GOB payments to NSV clients at other sites. However, UFHP has identified 9 clinics in low-access areas as potential sites for offering tubectomy services. The training of the first batch has been completed and the second batch will start in mid- October . The clinics having completed training are prepared to start the program by this month.

An additional 30 clinics have been identified and Norplant training is proceeding according to the GOB schedule. Initiative has been taken to train 30 doctors through a special training program (10 Doctors in each batch).

In addition, eight FPAB clinics have been included in our program. The Doctors have been certified through a special condensed course on tubectomy, NSV and Norplant. These clinics are delivering a full range of Long Term Family Planning services.

An external agency was selected through a competitive bidding process to conduct research into customer perceptions of IUDs. The study has been completed and the draft report was submitted in August.

A number of BCC materials have been developed to support long term family planning methods. BCC materials in support of the existing NSV program have been developed including billboards, posters and brochures. Community group meeting materials have been developed for Norplant and are being reviewed. Distribution is expected by the end of October. BCC materials to be used in community group meetings to increase IUD awareness/acceptance have been developed; these will be ready for distribution by the end of October 2000. Other materials will be developed based on the findings of research on customer perceptions on IUDs. A video cassette on IUD training and infection prevention has been developed. The final review by UFHP and QIP professionals has been done, and by mid-October the videos will be available for use. Portable banners for satellite clinics have been ensured in all clinics. Wall charts containing comprehensive information on all FP methods have been supplied to all static clinics, to allow for maximum customer method choice. A flow chart has been developed by UFHP to deal with "missed opportunities". It is being finalized for dissemination.

Action Plan 1i – Safe Delivery Project

The demand for safe delivery services from UFHP clinics was assessed through exit interviews and mailed questionnaires in December 1999. The project concept, including selection of the sites, was completed in January 2000. The project concept was presented to USAID for comment in May 2000. A technical consultant from JSI/Boston provided technical assistance in developing selection criteria for referral centers. In July and August, the project team conducted site visits to potential referral centers for each safe delivery clinic. UFHP and PRIME developed job descriptions for safe delivery staff and conducted a training needs assessment in September. A train-the-trainer curriculum has been developed based on the results of the training needs assessment, and the TOT training was completed in October.

Action Plan 1j – Nutrition program

There are two segments of the Nutrition program.

1. Nutrition program for all UFHP NGOs

A proposal to introduce nutrition services focusing on prevention of malnutrition was drafted in March and presented to USAID in May. USAID's comments were incorporated into the final project design.

A curriculum for "On-the-job" regional training was developed by UFHP in consultation with Hellen Keller and PRIME. Ten trainers from our partner organizations, (PSTC, CWFD and BCCP) were trained in the "Training of Trainers (TOT)" in the first week of September. These master trainers are now providing training to the UFHP service providers (doctors, paramedics and counselors) in Dhaka, Khulna and Chittagong. In the first phase of implementation, 7 NGOs (type A clinics only) will receive training by December 2000.

2. Nutrition project (with ICDDR,B) for management of severe malnutrition

In March 2000, UFHP signed an agreement with ICDDR,B to utilize its protocol for the management and referral of severely malnourished children in UFHP clinics. UFHP began training PSKP service providers in the use of this protocol at the end of April, and training of Dhaka Shishu Hospital staff (PSKP's referral point) was completed in December 1999. Following training of service providers at the PSKP Mirpur clinic, the clinic began seeing malnourished patients in June 2000.

Action Plan 1k – Expansion of ESP availability

UFHP developed an ESP expansion proposal in consultation with USAID to increase the availability of ESP services in urban Bangladesh. As agreed, UFHP is expanding the program by 18 static clinics, 43 upgraded satellite clinics, 17 evenings shifts, and 72 satellite teams. Criteria for expansion included: 1) adding satellite clinic spots to areas of high demand; 2) upgrading existing high-demand satellite spots to full-time, fixed satellites; and 3) increasing service availability by instituting evening clinic hours in selected sites. A comprehensive review process was employed to select NGOs and service delivery sites to participate in the expansion program. Those NGOs that demonstrated greater effectiveness in providing clinic-based ESP services in the first three years of the program were selected to participate in the expansion. Indeed, NGOs which failed to demonstrate a high level of performance were downsized and, in one case, defunded.

Action Plan 1l – Polio Eradication project

UFHP and IOCH hold regular meetings to coordinate efforts, share common concerns about the EPI program, and discuss UFHP's EPI-related activities. Volunteer orientation guidelines provided by IOCH were distributed to all UFHP NGOs for volunteer orientation in advance of the first round of the 7th NID. In addition, UFHP developed EPI reminder cards and

disseminated them to mothers of children under 5 years of age during the first round of the NID.

Like the previous NIDs, UFHP clinics participated in both rounds of the sixth NID held in November and December 1999. UFHP participated in the GOB-organized central level advocacy and review meetings on the NIDs, and UFHP staff members acted as independent observers during the most recent NIDs at the request of both IOCH and the GOB.

UFHP's EPI disease surveillance activities, in particular notification of AFP cases in UFHP clinic areas, have been intensified.

Action Program 2 - GOB Networking

Action Plan 2a – BUSTTHI 100 Slums Initiative

The BUSTTHI project is a successful example of past collaboration between GOB and UFHP. The Directorate of Family Planning supplied DDS kits to the Initiative, and the BCC Unit of the GOB provided media support to the effort. The GOB nominated individuals to participate as satellite team members; UFHP provided the training to these individuals.

The GOB satellite team members completed their one year term in the field. Since the GOB has not nominated replacement team members, the collaboration is not currently operational. Despite the success of the program, UFHP is concerned about the high cost of training new GOB satellite team members and the disruptions to the program caused by one year assignments in the field. However, UFHP is ensuring the coverage of all existing slum spots through its own satellite clinic network.

Action Plan 2b – MOHFW – Urban TB initiative

A WHO consultant facilitated the process between UFHP and the GOB to begin TB services in seven pilot UFHP sites in Chittigong. UFHP and the GOB signed a Memorandum of Agreement (MOU) in May 2000. Training for technical staff was completed in June 2000 and included Medical Officers, Paramedics and lab technicians. Training for field staff including Senior Service Promoters and Service Promoters was conducted in August 2000. The GOB provided TB drugs and record books to UFHP clinics in July 2000.

A WHO consultant visited Khulna and prepared a draft "Plan of Action" in consultation with UFHP NGOs for program expansion to Khulna in June 2000.

Action Plan 2c – Improving Municipal Coordination

A memorandum of understanding between the Urban Primary Health Care Project (UPHCP) and UFHP was finalized, signed and circulated in October 1999. In this memo, the responsibility for Primary Health Care/ESP delivery for all City Corporation wards for UPHCP and UFHP is clearly defined.

In October 1999, the Municipal Coordination Improvement Group (MCIG) prepared a briefing paper to present to the MOLGRD&C which outlined the proposed role of the pourashavas in primary health care. The MOLGRD&C did not follow up with the recommendations and no further action was possible. As a result, this action plan was dropped in the work plan for the year 2000-2001.

Action Program 3 - Private Sector Networking

Action Plan 3a – Clinic Franchising Pilot

The final report on clinic franchising was submitted to USAID in July, 2000. In the coming year, UFHP will explore options for collaboration in the provision of ESP services with private providers based on the recommendation of this report.

Action Plan 3b – SMC expansion of commodity sales

Based on a joint SMC/UFHP review it was determined that the pilot program should be expanded to all UFHP clinics, especially those clinics which have been selected for the HIV/AIDS special initiative. Accordingly, SMC commodities are available at all service delivery outlets with the RDF, except injectables. SMC commodity sales are gradually increasing. Although SMC supplies are easily available at medicine shops in urban areas, UFHP customers are capitalizing on the one-stop shopping concept and purchasing SMC commodities from UFHP funded clinics/outlets.

Action Plan 3c – Industrial Workers' Health Scheme

UFHP NGOs have been encouraged to target industrial workers (particularly garment workers) through their programs and have established programs in a number of garment factories. UFHP will be investigating opportunities for partnering with private sector organizations such as factories as part of the 2000-2001 work plan.

Action Program 4 - BCC/Marketing

UFHP's BCC/m activities focused on two levels: National BCC Activities (Action plans 4a and 4b, and UFHP-specific BCC/M activities for ESP service promotion

Action plan 4a – b – National Level BCC activities

The draft of the National BCC strategy was prepared in August 1999 and was finalized at a consensus building workshop in September 2000 with the MOHFW. The GOB HIV/AIDS strategy is finalised and awaits GOB endorsement. In the meantime, UFHP is supporting the National HIV/AIDS BCC activities. UFHP's plan encompasses the design and development of billboards and bell signs in 4 city corporations under the umbrella of the National HIV/AIDS strategy implementation plan for the year 1999-2000.

Action Plan 4c – UFHP-specific BCC/M activities for ESP service promotion

In accordance with the National HIV/AIDS strategy, UFHP has undertaken activities to support the UFHP HIV/AIDS program, including the development and dissemination of brochures, group meeting guidelines and group meeting box materials for HIV/AIDS counsellors of 26 clinics. These HIV/AIDS materials are one part of a series of group-meeting materials that have been developed and are being disseminated to UFHP NGOs through day-long orientations targeting SSPs and SPs.

In the past year, UFHP designed comprehensive Clinic Promotion Campaign to promote its ESP services. The Campaign design incorporated local and national level BCC/marketing activities through interpersonal and mass media channels. At the local level, the Clinic Promotion Campaign utilized volunteers from the community to visit households in UFHP catchment areas to 1) inform the household members about the services available at UFHP clinics; 2) to market a prepaid health card to promote use of ESP services at UFHP service delivery sites; and 3) to collect baseline information on the residents of the household that can inform future UFHP BCC/M and research initiatives. Volunteers used leaflets and interpersonal communication to inform potential customers in clinic catchment areas about the services available from the local UFHP clinic. These volunteers then marketed 3 categories of UFHP health cards to the households based on family income, in an effort to promote prospective payment for ESP services to encourage use of preventive and routine services. In this way, UFHP was able to collect data about potential clients and their ESP service needs while promoting preventative care and the local UFHP clinic.

As a part of the Clinic Promotion Campaign, UFHP worked with BCCP to develop, test and finalize a number of TV and radio spots. Unfortunately, the inability to access free airtime was an obstacle to strengthening UFHP's media presence during the year. UFHP explored the option of utilizing private media channels. Although arrangements were made, potential conflicts with the NIPHP BCC campaign proposed in September resulted in the decision not to air TV and radio spots as planned.

In spite of the fact that the mass media portion of the Clinic Promotion Campaign could not be aired, the local level efforts by UFHP clinic level BCC/M staff and volunteers contributed to the continued growth in demand for ESP services at UFHP sites. Following local level BCC/M activities in April, 2000, total contacts grew 19% from 449,409 in April to 536,085 in July.

In addition to the Clinic Promotion Campaign, UFHP clinic-level BCC staff carry out a number of ongoing local level outreach activities. Outreach activities include conducting group meetings with specific target audiences; meeting with local influential persons from the community; conducting events like essays, quizzes, competitions, and baby shows; and meeting with local organizations. The local level jolt proved to be one of the most effective concerted local level BCC/M activities and pulled in a large number of customers at satellite and static clinics. The local level jolt included distribution of leaflets with discount coupons, lucky draws, hanging banners around the community, community group meetings, mobile film shows, and community events.

UFHP's BCC/M team supports these local activities through provision of training, technical assistance, tools and guidelines, and centrally produced BCC/M materials. Through UFHP's Management Partners, a BCC/M and IPC/C basic course was offered to provide basic BCC/M knowledge and skills to the newly recruited SSPs and SPs and IPC/C expertise to clinic counselors. UFHP's BCC/M Team conducted a needs assessment in all clinics to develop and design a curriculum for the second round of BCC/M training for service promoters and senior service promoters. Based on this information, the curriculum for a BCC/M Refresher Training course is being developed. UFHP's BCC/M Team organized day-long community group meeting orientations in 26 sites to provide hands-on skills to the SSPs and SPs in conducting effective group meetings and record keeping. UFHP provided training and tools for local level BCC/M activity planning, and developed a comprehensive, detailed BCC/M checklist, designed to monitor and pinpoint local level support needs.

UFHP and BCCP developed a large number of materials for local level use. Among these were posters to mark the 6 billion population day, group meeting materials on family planning methods, NID reminder cards, IUD training video, a set of takeaway brochures on family planning and reproductive health components, posters and brochures on NSV, billboards on NSV and inserts for the loose leaf flip chart on various ESP components. In addition, UFHP developed and distributed a Tiahrt wall chart designed to stress the availability of a wide range of methods at each UFHP clinic and to promote method choice. Additional materials were developed to support UFHP's special programs such as Adolescent Reproductive Health and HIV/AIDs.

Action Program 5 - Field Supervision

Action Plan 5a – Quality Manuals Dissemination

A process for using the NIPHP quality manuals in on -the -job training was introduced into the NLO and QA checklist in December 1999. By March 2000, the technical standards and manuals on Child Health, Maternal Health, RTI/STDs, RDU and Infection Pictorial Job Aid were finalized and disseminated at the service delivery sites. We recently received and distributed the manuals on Family Planning to our service providers at the service delivery sites. UFHP is awaiting Technical Review Committee approval for the HIV/AIDS prevention protocol, the Essential Obstetric Care technical standards and service delivery guidelines, and the Limited Curative Care and Common Ailments technical standards.

Action Plan 5b – Technical Support Improvement

As a part of the institutionalization of the quality assurance visits/activities to be undertaken by local level clinic staff, the QA checklist for clinic-level use was developed and is being disseminated during the Clinic Management Training Course. Breastfeeding and infant feeding practices, ARI case management, and Rational Drug Use (RDU) were found to be the three areas of service provider technical competence most in need of improvement. In order to improve their competence in these areas, existing manuals covering these topics are being used during the current QA visits. A computerized tracking system for tracking scheduled QA visits has been developed.

Action Plan 5c – Management Support Improvement

Drafts of the management support checklist for use by CM/PD and the financial review checklist for use by UFHP finance team were completed and field-tested on schedule. The NLO visit recording system has been designed and implementation started.

Action Program 6 - ESP Technical Training

Action Plan 6a – Basic Tubectomy course

The government developed and is using a training curriculum for the tubectomy course. A working group reviewed the curriculum and obtained approval by the NIPHP Training Management Group to use the same curriculum for training the service providers in UFHP clinics. Nine clinics have been identified for the Tubectomy program. Medical Officers and paramedics from four of these clinics received training in September 2000. Training was provided by AITAM and the Mohammadpur Fertility Services and Training Centre using the TMG-approved materials. Provider staff from the remaining five clinics are scheduled to receive training in October, 2000.

Action Plan 6b – Basic Safe Delivery Course

The basic safe delivery course is part of the safe delivery pilot project (Action Plan 1i). A TOT curriculum on basic safe delivery was developed and will be implemented in October, 2000. After the TOT training has been completed, a training curriculum for service providers will be finalized. Training of staff of selected sites is scheduled to commence in January 2001 in advance of a project launch date of February 2001.

Action Plan 6c – RDU Roll Out

Three MTP modules on RDU were planned for implementation. The first MTP module on the RDU dealing with standard prescription forms was field tested in October 1999 and is now practised by paramedics and doctors at all NGOs. The second MTP module on the use of antibiotics for acute respiratory infections was field tested and finalized. The third MTP module on RDU (Use of antibiotics) was determined to be unsuitable for use by UFHP clinics because it was not applicable to ESP services. A small work group with representation from QIP, UFHP and RSDP is working on modifying the module to be useful to UFHP clinics. Recent policy changes on reproductive health have delayed the work group's progress.

Action Plan 6d – Ongoing basic/refresher technical courses

Training working groups with technical assistance from QIP and PRIME have developed the refresher training curricula for CH and ORH. The first batch of the refresher course for paramedics was completed in July, 2000 with subsequent batches scheduled for 2001. UFHP has developed a policy for the timing of basic and refresher courses. To attend a refresher course, the participant must have completed all basic courses – CMT, CSI, and ORH – at least three months previously.

Action Plan 6e – OJT on long term FP methods

A Reproductive Health Specialist was hired by UFHP in November 1999 to work as a Roving facilitator. A detailed visit and work plan for the on-the-job NSV and Norplant training for UFHP doctors was developed. However, the visit plan required frequent modification due to other organizational priorities at the UFHP and NGO level, and due to the need for conducting unscheduled need-based OJT at a number of UFHP clinics.

The Reproductive Health Specialist provided IUD insertion OJT updates to doctors and paramedics in eight clinics during quality assurance visits. Based on this experience it was determined that doctors receiving LTFP training are not confident after the training to perform the procedures at the clinic the first time. In general, this is because there is a delay between formal training and the actual initiation of the program. Having on-the-job observation of the first procedures performed was very well received. As a result, UFHP has made an effort to have a LTFP expert attend clinic openings and observe providers when they perform NSV or Tubectomy for the first time in their clinics.

7. Management Training

Action plan 7a – ESP management course

On February 13th, UFHP and RSDP arranged a half-day experience-sharing workshop to develop the follow-on to the CCC course, entitled, "Improving Management and Performance". PSTC, on behalf of UFHP, made a presentation to the participants, among them officials from MOHFW, UFHP, RSDP, USAID and other donors. The workshop recommendations were sent to the Secretary, MOHFW for his due consideration. Subsequent action (ie. the finalisation of course curricula and the launch of future courses) was to be based on the Secretary's decision/directives which have not been forthcoming. UFHP has discontinued this action.

UFHP conducted an in-house rapid assessment to review the implementation status of the action plans to improve the management and performance of ESP delivery in eight municipalities. These action plans were developed by municipal teams during a 12-week course entitled 'Improving Management and Performance of Delivery of ESP Services in Urban Areas', which was held from September-December 1999.

Action plan 7b – Strategic plan facilitation

All NGOs received technical assistance from their respective NLOs in organising workshops to develop their vision statements, draft strategies and action plans. While approximately two-thirds of the NGOs successfully developed their own vision statements, only about one-fifth of the NGOs were able to develop draft strategies and action plans. Given the difficulties the NGOs faced in undertaking these exercises, UFHP hired a consultant to develop a simplified strategic planning process in May. A simplified tool to guide a strategic planning process at the clinic and NGO levels was developed and field tested at three service delivery sites selected for their various strategic planning expertise. All NGOs received training on

the tool as part of a dissemination workshop conducted at the end of May. All NGOs were required to submit completed strategic plans as part of their proposal for follow-on funding in June/July. All NGOs submitted completed strategic plans with their applications which served as the basis for approval of new initiatives and program expansion requests.

Action plan 7c – Human Resource Management Course

UFHP initially planned to develop a module on NGO personnel policies that would be included in the Clinic Management Course (CMC). However, because the CMC had to be limited to 6 days, UFHP decided to drop human resource development from the CMC course program. Implementation of this action is delayed until the 2000-2001 work plan.

Action plan 7d – Clinic Management Course

A six-day course curriculum was developed on clinic management. The contents of the course included the role of a clinic manager, characteristics of a good manager, satisfying customers on technical quality, BCC/M, GOB networking, logistics management, team building, principles of human resource management, financial management and MIS. UFHP professionals were mainly responsible for developing and conducting the sessions. QIP and FPLM were also involved, particularly in the team building and logistics management sessions. The course was held in batches due to the difficulty of having simultaneous access to all UFHP Medical Officers. 158 Medical Officers were trained during February-April, 2000 at Bogra and BARD, Comilla.

Action Plan 7e – NGO governance workshop

The NGO governance workshop was postponed and will be included as part of the Institutional Development work shop series planned for 2000-2001.

Action Plan 7f – On going basic/refresher management courses/orientations

BCC/M, finance and RDF were identified as management skill priorities and were included in the Clinic Management Course (Action Plan 7d). A needs assessment was conducted to develop and design a curriculum for the BCC/M refresher course. Based on the results of the needs assessment, curriculum is being developed for a refresher course. A two-day refresher training for 27 Financial and Administration Officers/Managers from all NGOs was held in April 2000.

Action Program 8 - Research

Action Plan 8a – NGO performance league tables

The production of computerized league tables is dependent on inputs from five different data bases – the monthly performance reports, the financial reports, the NLO checklists, QA checklists and BCC/M checklists. The monthly performance MIS and financial MIS are already computerized. A short-term computer programmer was hired to develop the computerized NLO checklist. The computer program has been developed and its finalization

is pending in-house review. The QA checklist has been modified. Based on the modified QA checklist, a short summary report has been developed and computerized. A BCC/M checklist has been developed and field tested. Computerization of this checklist is pending.

Action Plan 8b – Pricing policy

A number of studies were commissioned to provide necessary inputs for formulating a pricing policy. These are: a listing of competitors' prices through UFHP NGOs; the NIPHP clinical quality definition/achievement study by OMQ; health seeking behaviour, willingness and ability to pay for selected health services in UFHP areas of Bangladesh by ICDDR,B; and, a unit costing of ESP services by JSI/Boston. Reports (final or final draft) of all the studies have been submitted. An external overseas consultant has analysed all the study reports and has submitted his report providing directions on UFHP's pricing policy. The consultant also presented his report in-house and to USAID. UFHP will share the findings of this study with NGOs in November, 2000.

Action Plan 8c – Customers and providers perceptions of IUDs

After a bidding process, the study was contracted out to a local research agency. The agency conducted a qualitative study in eight UFHP project areas and submitted the draft report to UFHP in August 2000.

Action Plan 8d – Clinic-based local research initiatives

A mailed questionnaire was used to study demand for safe delivery services. The findings were analyzed and the results shared

. A safe delivery initiative has been designed based on the results of this study. Data on customers' preferred opening hours was collected through the customer satisfaction study conducted in May-July 2000 in collaboration with ORP. The monthly MIS forms were modified to capture data on the number of customers per day. The ESP card and other record keeping and reporting forms were modified in November 2000. ORP has completed the data collection for the study on met and unmet need for ESP services in urban areas. It is expected that the final report of the study will be submitted by the end of November 2000.

Action Plan 8e – Customer satisfaction monitoring process

This study was carried out during May-July 2000 in collaboration with OR. ORP submitted the final report to UFHP in September 2000.

Action Plan 8f – RTI/STD awareness baseline survey

With USAID's input, UFHP amended this Action Plan splitting the survey into two studies. The first focuses more specifically on high-risk groups. A literature review was done to understand the knowledge and behaviors of high-risk groups in Bangladesh. Based on this review, a study proposal was developed and shared with USAID. The second study proposed is a population-based survey on attitudes and beliefs around RTIs.

Action Program 9 - Management Partner Strengthening

Action Plan 9a – Establish management partner overhead rates

An auditing firm was commissioned in October 1999. The draft audit report was submitted in January, 2000. The draft report was shared with all the partners and feedback was given to the auditors. Based on the findings, management partners' overhead rate audit was completed. The results were used to establish overhead rates based on the total direct expenditure of the partner organizations.

Action Plan 9b – Monitor strategy implementation

The Cooperative Agreement was amended and a new budget approved. UFHP is currently negotiating with its management partners to finalize their budgets within the CA budget ceiling. These revised budgets reflect their long-term and short-term strategic plans which were developed during the year.

2. Special Initiatives Undertaken

Special initiatives are those initiatives involving significant effort which were not anticipated in the annual work plan. During this reporting period, the following special initiatives were conducted:

- **Rigorous NGO bidding process:** From April – July, UFHP conducted a rigorous bidding process through which it selected 25 ESP service delivery NGOs to deliver ESP services to underserved populations in urban areas. A technical and budgetary review of the proposals for follow-on funding from 26 service delivery NGOs took into consideration the NGO's management capacity, performance, and commitment as exemplified in the first three years of program implementation. It also entailed an in-depth review of the NGO draft proposals, followed by day-long negotiations with NGO representatives to share review results and recommend technical and budgetary changes. Recommended budgetary changes included rationalization of proposed costs based on past expenditures, past programmatic and management performance, and soundness of proposed expansion plans. In a number of cases, NGO clusters were downsized, and in one case PSSS/Narsingdhi, an NGO was dropped as a result of these reviews. Based on the results of this bidding process, UFHP awarded 3-year sub-agreements to the selected NGOs. The resulting pool of NGOs and service delivery site assignments are more robust and responsive to the program's objectives.
- **Planned program expansion:** Based on the comprehensive review of proposals, UFHP concluded that the experience gained by UFHP NGOs over the past three years was sufficient to support expansion of the program to increase the coverage in urban Bangladesh. Criteria for expanding the program were developed and included: 1) adding satellite clinic spots to areas of high demand; 2) upgrading existing high-demand satellite spots to full-time, fixed satellites; and 3) increasing service availability by instituting evening clinic hours in selected sites. Ultimately, UFHP recommended the addition of 18 static clinics, 43 upgraded satellite clinics, 17

evening shifts and 72 satellite teams. This represents a 27% expansion in the program.

- Local level project jolt: In the period from September, 1999 to January, 2000, contact numbers at UFHP clinics leveled off. As a result, UFHP organized a January 2000 brainstorming session involving all Project Directors and key volunteers. A main intervention strategy resulting from this session was the plan to utilize local level jolts (locally organized and implemented) to attract new customers to UFHP clinics. Local level efforts built upon past experience in BCC/marketing and were based on comprehensive guidelines provided to each UFHP NGO. Examples of specific activities included the design of banners and print materials, the organization of group meetings, and local mikings. As a result of these local efforts, clinic performance in February 2000 improved substantially across the board.
- UFHP program review: UFHP completed a comprehensive mid-term review of the project. The Review was facilitated by an outside consultant team and involved all UFHP staff and management partners. The purpose of the review was to evaluate what the project has accomplished to date as compared with what the project is contractually obligated to achieve. The outcome of the review served to identify needed changes to reflect current and projected realities. Since this review was done just prior to the completion of the annual work-planning and budgeting process for the UFHP, the results of the review were reflected in the work-plan and budget for the 2000-2001 year.
- Revised CA program description, intermediate results, sub-results and indicators: As part of the CA amendment process, the program description and objectives of the program were revised including new indicators for program performance. UFHP has begun the process of reviewing all data collection and reporting functions to evaluate our ability to monitor the new indicators as well as revising our strategy to be consistent with new priorities and program objectives.
- HQ restructuring and staffing: To support the new program priorities and in response to major staff changes at UFHP, a new organogram was developed and is included as Attachment A. After three years, Peter Connell, Chief of Party left UFHP; Ahmed Al-Kabir was promoted from Deputy Chief of Party to Chief of Party and Susan Friedrich was recruited as Deputy Chief of Party. The new organization structure provides for four key areas of focus: Institutional Development (includes NGO management and QA activities), Special Initiatives, Programme Development, and Financial Management. Each of these areas is lead by a team leader with overall responsibility for staff and deliverable. Susan Friedrich will coordinate NLOs and QAOs including all aspects of institutional development activities relating to NGOs. Dr Rukshana Haider will lead the special initiatives/activities. Rukshana is a senior level medical professional. New project development, BCC/M and Research teams are lead by Amy Cullum. Nikhil Datta is the number three person in the structure and is Team Leader for Finance and Planning.

- FPAB restructuring: UFHP had been supporting a quality improvement project with FPAB since mid 1998. As a result of this project's failure to progress, a local consultant was hired to review and recommend options for improvement. Based on the review results, the activities and major focus of the project were revised. As a result, UFHP provides quality ESP services through 8 FPAB clinics according to the UFHP model.
- Health cards introduced: UFHP introduced a prepayment health card program. Health cards were sold door-to-door during July 2000 and continue to be sold through all UFHP health service locations. Three types of health cards were available depending on household income. The health cards serve a number of important functions for UFHP. First, they provide an opportunity to market UFHP health services door-to-door. Second, by bundling services for one year under one fee, UFHP hopes to encourage customers to seek preventive and routine services. The absence of a financial disincentive to seek important health services is expected to result in improved continuity of care and greater coverage. Third, the cards provide a new financing mechanism for NGOs/clinics which has yet to be tested in Bangladesh. Preliminary results from sales of the health cards suggests that customers are prepared to pay in advance for services. As a BCC/m tool, the cards have been successful. UFHP plans to evaluate the financial benefits of the cards to further modify the fee structure now that the concept has proven successful.
- Household survey: UFHP initiated an ambitious program to conduct a household survey of 100% of households in the catchment areas of all UFHP service delivery clinic locations. The results of the survey are being entered into a comprehensive database and provide baseline information on catchment area population, community profiles, and awareness and utilization of UFHP clinics and services. This information will be made available to NGOs/clinics in support of local BCC/m efforts and will provide invaluable information for national marketing efforts conducted by UFHP.
- Leveraging donor funds for NGOs: UFHP assisted several UFHP NGOs in successfully obtaining capital funds from the Government of Japan to support new clinic construction. This effort was conducted in collaboration with USAID.
- Flood relief: UFHP has been actively addressing the emergency needs of flood affected regions of the country. The Sathkhira, Jessore and Benapole regions have been hard hit. The situation has been complicated by the fact that some of these areas have not experienced flooding for many years and are unprepared. Dr. Ahmed Al-Kabir, UFHP Chief of Party, toured the flood affected areas and assessed UFHP clinics' response to local needs. UFHP clinics were found to be doing a good job, especially in the Sathkhira area. UFHP clinics have committed extra resources and fielded satellite teams to serve refugees in camps. In addition, UFHP HQ has collected voluntary donations from staff and community-leaders/organizations, which are being used to purchase essential items such as disinfectant and medicines to be distributed through UFHP clinics.

- Working with ICDDR,B: As part of the negotiations with ICDDR,B regarding the Child Health Strengthening project (Action Plan 1d), we have positioned UFHP to effectively take over a large part of the ICDDR,B hospital's Plan A and uncomplicated Plan B CDD cases. This led us to propose a new UFHP clinic facility on ICDDR,B's Mohakhali campus. The clinic was established in December, 1999 and a formal agreement with ICDDR,B was signed in January, 2000. UFHP began providing services in March, after agreement on pricing for services was reached. Through this initiative, UFHP will become the second largest provider of CDD services in the country, after ICDDR,B itself. In an additional development, an agreement was signed with ICDDR,B in March that will pave the way for the management and referral of severely malnourished children in UFHP clinics.
- Working with NIPHP partners: UFHP is working with all NIPHP partners very closely. Routine sharing of experiences are arranged with the Directorates of the Health and Family Planning. UFHP is an active participant in the Training Management Group (TMG). Moreover, we are in continuous dialogue with QIP, PRIME, SMC, FPLM, ORP and IOCH to coordinate and supplement each others efforts. As an example, UFHP collaborated with SMC to make commodities available in all UFHP service delivery sites. With IOCH, UFHP continues to actively participate in the NIDs and municipal coordination. Since the start of the project, UFHP has routinely held management committee meetings (involving each of its 3 partners organizations).

3. Success Stories

UFHP is most proud of the following successes during the past year:

- Achievement of mid-2000 benchmarks – As part of our mid-term review, UFHP compared the Mid 2000 benchmark with actual performance for all indicators for which data was available. In general, UFHP achieved or exceeded all Mid 2000 benchmarks. (See Section B.2. NIPHP IR Indicators).
- Development of robust NGOs: As a result of the rigorous bidding process undertaken as part of the mid-term application process, UFHP has established a pool of NGOs and service delivery site which are more robust and responsive to the program's objectives. The process required a number of difficult decisions and resulted in one NGO being dropped, several NGO clusters being downsized and other NGO clusters being expanded. Not only are the remaining NGOs/clinics stronger as a result of the process but they understand the importance of delivering on program expectations for continued support.
- Program expansion: Although almost all of the UFHP NGOs had very little experience with provision of clinic-based ESP services at the outset of the project, UFHP has demonstrated success with the model. Indeed, based on the high demand for health services in selected areas, UFHP proposed to expand the program to better meet local needs. To improve access to ESP services, additional locations were identified, hours were expanded to include evening clinics in selected areas, and high

volume satellite spots were upgraded to full-time clinics. Specifically, UFHP requested and was approved to expand the service delivery network by 18 static clinics, 43 upgraded satellite clinics, 17 evening shifts and 72 satellite teams. This represents a 27% expansion in the program.

- High customer satisfaction – The findings of a Customer Satisfaction Monitoring study conducted by the Operations Research Project (ORP) of ICDDR,B rated overall satisfaction among customers with the services provided at UFHP static and satellite clinics as “good” – the highest rating offered. Ninety-one percent (91%) of respondents rated the static clinic as “good” and 92% rated the satellite clinic as “good”. Less than ten percent rated the clinic as “more or less good”. None rated the clinic “not good”.
- Strategic plan development – UFHP required all its NGOs and clinics to involve a broad based team including NGO leadership, NGO management and clinic staff to conduct a comprehensive strategic planning process. The purpose was to identify strengths and weaknesses and to establish priorities for program improvement. While the process was difficult for many NGOs/clinics, it served as an initial step towards institutionalizing a culture of sustainability among NGO leadership and staff.
- Introduced health cards: UFHP introduced a prepayment health card program. This program represents a unique model in Bangladesh where insurance is not generally available. Three types of health cards are available depending on household income. 22,071 health cards were sold (as of August 2000) during the initial promotion including 1,292 Red cards, 7,744 Yellow cards and 13,035 Blue cards. A review of the health card program is scheduled for November, 2000 and will be conducted by independent reviewers. With the findings of this review, UFHP will modify the program to maximize the marketing, clinical and financial benefits of prepaid health cards.
- Household survey: UFHP collected household data from nearly 1 million households including over 4.5 million persons. Information included resident profiles and UFHP clinic awareness and utilization feedback. Resident profiles include age and sex mix, number of married women less than 50 years, number of pregnant women, income by household and prior use of the UFHP clinic. This information permits UFHP to calculate market share and to profile users versus non-users of UFHP services.
- Training program: UFHP has developed, in collaboration with many partners, a highly successful training program which includes both clinical and management courses targeted to all positions at both the NGO and clinic levels. In addition to basic courses, UFHP has introduced abbreviated refresher courses on most clinical and management issues. New courses on counseling were introduced this past year designed to minimize missed opportunities and promote effective interpersonal skills. In support of our special initiatives, a number of special courses have been developed and conducted in the areas of adolescent health, HIV/AIDS, nutrition and safe delivery.

4. Lessons Learned

Based on our experience during the past year, we have learned the following lessons:

- A one-stop shopping model is effective – UFHP pursued an innovative strategy in developing health centers which provide integrated health services. High demand for UFHP’s services proves that clinic-based services are an appropriate model for health services delivery in urban areas.
- Maintaining high quality requires continuous improvement – UFHP has emphasized quality as a key success factor in establishing clinics. To *support* quality, UFHP has provided clear guidelines for facilities, clinical protocols and provider training. To *ensure* quality, UFHP has learned the importance of ongoing monitoring and technical assistance at the clinic level.
- Promoting long term family planning methods - UFHP has learned that on-the-job training is critical if long term family planning methods are to be promoted. Anecdotal experience confirms that providers are uncomfortable in performing long term family planning procedures after returning from a training program. In part, this is due to the long delays
- NGOs respond to clear guidance – NGOs are responsive to donor requirements. UFHP has had good success in achieving program objectives. Even ambitious objectives have been routinely met by our NGOs provided these objectives are clearly communicated.
- NGOs require a culture change to be sustainable – The concept of sustainability is entirely new to most NGOs. NGOs have a long tradition of following donor funding and accepting the inevitability of the end of the project. NGOs have historically come and gone with specific funding initiatives. For this reason, UFHP has had to promote a new culture among NGOs which values sustainability. This continues to be a very difficult concept to be embraced by NGO staff.
- Defining sustainability - UFHP defines sustainability as a function of a strong clinical program, capable management and excellent financial management. This strategy acknowledges that NGOs which are cost-effective, well managed and recognized for high quality will likely be able maintain a portion of their ESP program regardless of available funding and be well positioned to obtain ESP donor support, regardless of the source.
- Demand for services requires active BCC/m at the local level – UFHP’s success in growing the program is largely attributed to our aggressive BCC/marketing initiatives at the local level. To continue to grow, UFHP must be vigilant in promoting its services and building customer loyalty. Most importantly, local level clinics and NGOs must take an increasingly active role in initiating their own BCC/m efforts to maintain growth trends.

- Successful skill development depends on a multi-pronged strategy – UFHP has demonstrated the effectiveness of a skill development approach which incorporates setting clear expectations, knowledge transfer and one-on-one technical assistance. Specifically, UFHP’s approach includes: 1) defining clear expectations; 2) developing written manuals and materials detailing policies and procedures; 3) developing and conducting training programs to communicate expectations and develop skills; and 4) following up with training through quarterly site visits and a QA monitoring visit using standardized assessment tools. During site visits, UFHP staff assess how well skills are being applied and provide technical assistance, as indicated.
- Training alone does not ensure a strong NGO - Other factors significantly impact the long-term viability of an NGO and must be recognized in allocating limited resources. Key success factors include: the integrity and honesty of the leadership, commitment to the goals and objectives of the program, and willingness to apply what is learned.
- Strong Project Team - The effective management of the NGO/clinic requires a close working relationship among clinic staff, NGO project staff and the NGO leadership. The broad perspective provided by the clinic manager, NGO project manager, NGO project director, NGO finance manager, and at least two Executive Committee members provides importance balance in program planning and monitoring.

B. Progress Against Selected Performance Indicators

1. Clinic Performance

UFHP’s clinic performance for the three year period 1997-2000 is summarized in the table below (See Appendix D for detailed performance). During this three year period, UFHP has experienced a 520% increase in total contacts or greater than a 13% growth rate per month since its inception. As reported, UFHP reported 1,528,036 (with NIDs & Vit-A) total contacts in 1997-1998. This number increased to 7,952,842 (with NIDs & Vit-A) contacts in 1999-2000. In total, UFHP has performed more than 13.6 million contacts.

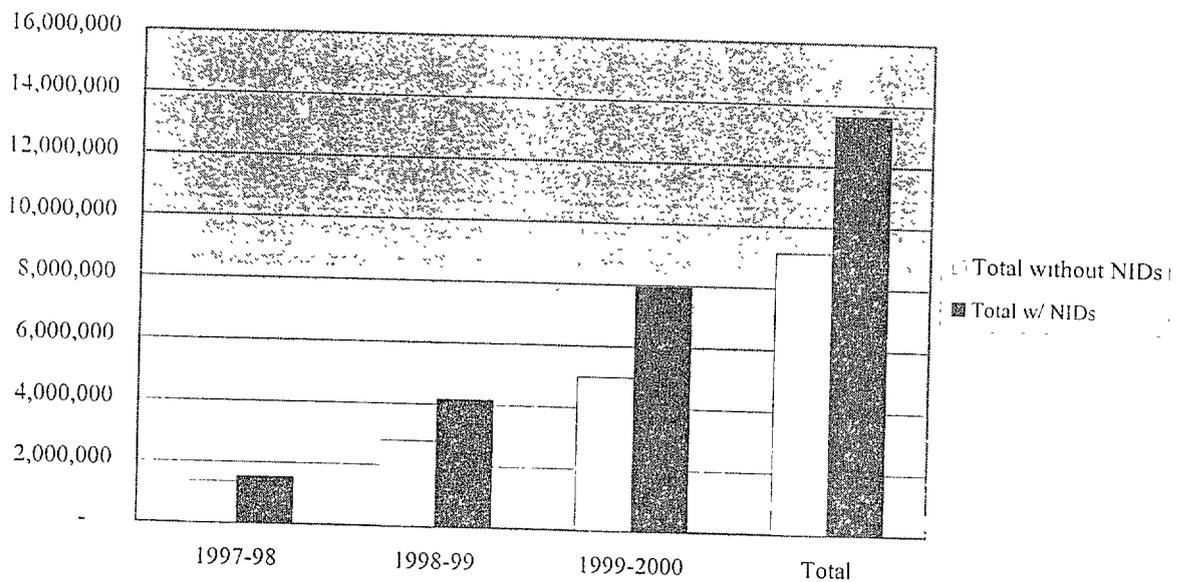
UFHP Clinic Performance (1997-2000)

ESP Component	1997-98 ¹	1998-99 ²	1999-2000 ³	Total
CH	410,091	674,111	1,350,956	2,435,158
RH FP	349,350	820,556	1,285,929	2,455,835
RH Non-FP	250,730	624,497	1,486,639	2,361,866
RH Total	600,080	1,445,053	2,772,568	4,817,701
CDC	37,778	11,801	2,125	51,704
LCC	305,311	662,287	860,352	1,827,950
ESP Sub-Total	1,353,260	2,793,252	4,986,001	9,132,513
NID	47,570	904,376	1,801,026	2,752,972
Vitamin -A	127,206	463,364	1,165,815	1,756,385
Total with NID	1,528,036	4,160,992	7,952,842	13,641,870

¹ August '1997 – September '1998, ² October '1998 – September '1999, ³ October '1999 – September '2000

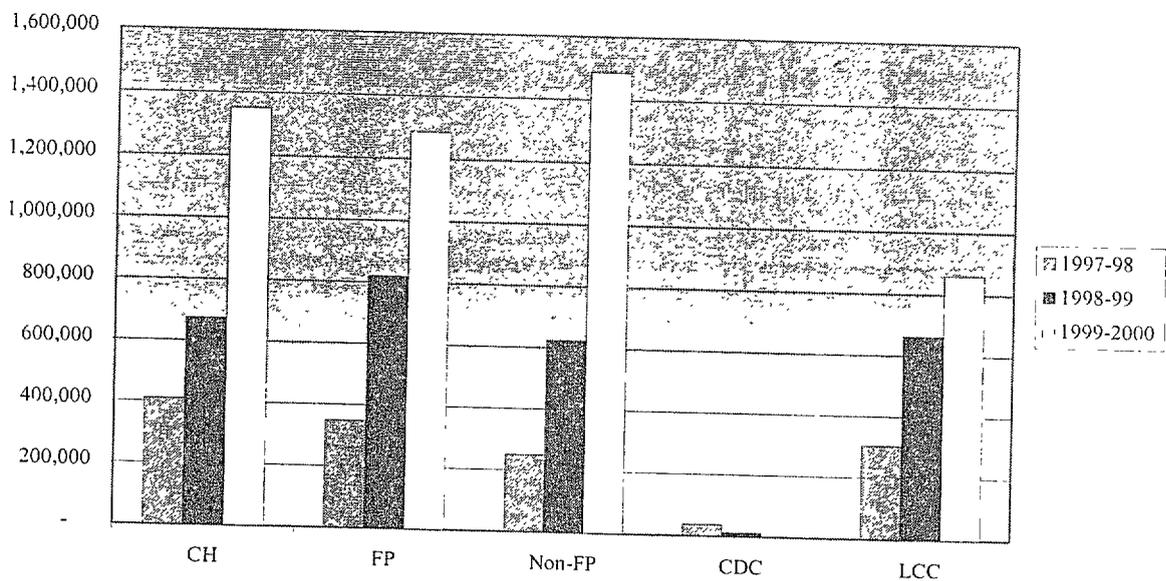
The figure below graphs total clinic performance for the three year period.

UFHP Total Contacts (Received Services) by Year (1997-2000)



The figure below reports total contacts by service. Child health service contacts tripled from 1997 to 2000; family planning contacts increased over 300%; other reproductive health contacts increased nearly 600%, and limited curative care increased nearly 300%. Communicable disease contacts decreased during this period.

UFHP Contacts (Received Services) by Service Components (1997-2000)



2. NIPHP IR Indicators

UFHP conducted a mid-term review in September, 2000 to provide useful information to all UFHP staff and our partners regarding program performance during the past three years in order to set priorities for improving program performance for the next two years. To assess overall performance, UFHP completed a comprehensive analysis of program expectations compared with actual performance.

Program expectations are defined in terms of NIPHP's five intermediate results and the corresponding IR indicators. UFHP compared the Mid 2000 benchmark with actual performance for all indicators for which data was available. In addition, UFHP evaluated the feasibility of achieving the 2002 targets based on current performance.

In general, UFHP achieved or exceeded all Mid 2000 benchmarks. In those areas where UFHP failed to achieve the benchmarks, specific strategies for improvement were proposed and are reflected in our 2000-2001 Work Plan. Although UFHP is well positioned based on current performance, we recognize that there is still room for improvement.

The following is a summary of UFHP's actual performance compared with Mid 2000 benchmarks. Where data is not available, the indicator has been left blank. UFHP is particularly concerned about our ability to collect data for these indicators and is taking action to revise our MIS to support improved reporting. Performance is reported by Intermediate Result.

IR1. Increased use of high impact elements of an ESP among target population

UFHP is committed to providing quality ESP services to underserved populations at affordable prices. Since its inception, UFHP has reported an average rate of growth of 10% per month. UFHP has established a network of 128 static clinics, 65 upgraded satellite clinics and 380 satellite clinic teams serving 71 municipalities. UFHP is currently expanding the service delivery network to serve 85 municipalities.

A comparison of actual performance against the Mid 2000 benchmark confirms that UFHP is well positioned. Clearly, UFHP must continue to aggressively build demand for ESP services to maintain historical growth rates. In addition, UFHP is committed to expanding the availability of long term family planning methods to more service sites to increase access to and utilization of these services.

Position Relative to 2000 and 2002 Milestones			
Indicators	2000 Milestone	2000 UFHP Status	2002 Milestone
Number of municipalities having ESP services	40	71	90
% of pop. covered in the target area	40%	15-30%	50%
# of clinics and networks offering clinical contraceptive services	50 (≥ 2 LTFP methods)	148 have IUD 40 ≥ 2	100
# of clinics offering at least 4 high impact services	80%	100%	100%
CYP distributed by method and source	40000/qr	65000	55000/qr
Contraceptive prevalence rate	49%		52%
Contraceptive prevalence rate among married adolescents	31%		33%
Immunizations for children < 1 (measles)	5600/mo	7254	8000/mo
Immunization rates for children <1 yr	70%		72%
NIDS coverage	90%	90%	100%
% children receiving Vit A semi-annually	76%		78%
# of plan B child ORT treatments	3200/mo	3900/mo	4000/mo
% child diarrheal episodes treated with ORT	73%		78%
Sales of ORS	14 clinics		All
# child ARI treatments	26000/mo	33428	35000
% child ARI cases treated	48%		50%
# ANC visits	17000/mo	46066/mo	25000/mo
% live births with 1+ ANC visit	59%		61%
% pregnant women taking iron suppl.	59%		61%
% women receiving TT immunization	70%		80%
Increase in # men seeking services	25%		30%
#private hosp/clinics w/ which UFHP collaborates	1	1	5
# of factories w/ which UFHP collaborates	20	32	50

IR2. Increased knowledge and changed behaviors related to high priority health problems, especially in low performing areas

UFHP is particularly proud of its success in promoting ESP services in urban areas. Our approach emphasizes the importance of establishing brand recognition and associating this brand with high quality ESP services. UFHP does not have baseline information against which to evaluate current performance for most of the newly established indicators.

UFHP believes that our success in meeting these benchmarks depends on an effective counseling function at the local level which includes all clinic providers. We continue to emphasize the counseling function and will be putting particular emphasis on minimizing missed opportunities.

Position Relative to 2000 and 2002 Milestones			
Indicators	2000 Milestone	UFHP Status	2002 Milestone
% married women who know ESP services	50%		65%
% potential clients who know 3 FP methods	50%		65%
% mothers who know child health requirements	TBD		TBD
% married women who know danger signs of pregnancy	TBD		TBD
% married women who know # TT	TBD		TBD
% women who exclusively breast feed	25%		30%
% high risk pop who know HIV prevention measures	TBD		TBD
% high risk sexual encounters using condoms	TBD		TBD

IR3. Improved quality of services at NIPHP facilities

From its inception, UFHP's guiding principle has been, "Quality Comes First." UFHP and its implementing NGOs have established a loyal customer base by providing accessible quality services. The findings of UFHP/QIPs onsite QA visits confirms a high level of quality and provider competence at our clinics.

Position Relative to 2000 and 2002 Milestones			
Indicators	2000 Milestone	1999 Q3 UFHP Status	2002 Milestone
% clinics with "acceptable" compliance with standards	60%	60% clinic setup 70% equipment 70% paramedic competence 83% MD competence 40% follow-up ¹	100%
% clinics with trained staff	80%	60-90% trained	90%
"Crude and valid" immunization coverage	70%		72%
Dropout rates for EPI; discontinuation rates for OCs, IUDs and injectables	EPI 25%, OC 45%, IUD 34%, Inj 50%		EPI 20%, OC 44%, IUD 30%, Inj 48%
Increasing # of ANC visits per pregnancy	35% with ANC 3	34%	40%

Despite our success in establishing a high level of quality in UFHP clinics, we understand that this is a continuous process. New staff are hired regularly who need to be trained. UFHP has heard repeatedly how important it is to provide on-site monitoring and on-the-job to ensure that our expectations are being implemented correctly at the local level.

¹ Reported numbers are obtained from the UFHP clinical checklist and represent the percent of sites which meet the standard for the reported area.

IR4. Improved Management of NIPHP Service Delivery Organizations

During the start-up phase of the project, UFHP emphasized quality. With the establishment of high quality service delivery sites, the focus has shifted to improving the management of these service delivery sites. UFHP is confident that our NGOs and clinics have implemented effective financial management systems and controls. More work is needed to institutionalize a high level of management leadership within the participating NGOs.

<i>Position Relative to 2000 and 2002 Milestones</i>			
Indicators	2000 Milestone	UFHP Status	2002 Milestone
% facilities using data for decision-making	50%	50-60%	100%
Avg. quarterly % of facilities with no stockouts of SDL	75%	70-75%	95%
% NGOs operating in compliance with financial manual	60%	>80%	100%
% NGOs implementing SP and work plan	15%	90-95%	100%
Avg monthly % facilities with stockouts of 1+ contraceptive	40%	10-15%	10%

Despite our success achieving the Mid 2000 benchmarks, UFHP recognizes that most NGOs/clinics have not fully internalised these skills such that they are able to make independent and proactive decisions on behalf of their institutions. UFHP proposes to work closely with the NGOs' leadership to develop a greater independence among the NGOs in making effective management decisions.

IR5. Increased sustainability of NIPHP service delivery organizations

UFHP has defined sustainability in terms of high quality services, cost-effectiveness and strong program management. As the table below demonstrates, UFHP has successfully achieved the 2000 milestones for both cost recovery and RDF. UFHP will continue to work with our NGOs to increase cost recovery in support of long term sustainability.

<i>Position Relative to 2000 and 2002 Milestones</i>			
Indicators	2000 Milestone	UFHP Status	2002 Milestone
% of operating costs recovered from fees	11%	11.5%	15%
# of clinics with RDF	50%	93% of 128 clinics	100%

3. Long-Term Objectives

UFHP's longest term objective is to ensure that we play a full and valuable part in helping USAID meet its Strategic Objective for Bangladesh by 2004. Our intermediate objectives are tied to the Intermediate Results built into the NIPHP design; we reported on these in section 2 above. UFHP has identified five areas for priority focus during the remaining two years of the contract. These are:

- Strengthen long-term family planning activities –UFHP will redouble its efforts to increase the availability and use of long-term family planning methods. UFHP will work with BCCP to launch research-based promotional campaigns to increase acceptability of long-term methods to customers. We will continue our efforts to reduce missed opportunities while guaranteeing our customers' rights to access to a wide range of methods and to informed choice. Key to increasing use of NSV and tubectomy services will be the development of a strategy that will both address the GOB sterilization reimbursement policy and provide UFHP sites with MSR kits. This year, UFHP will work with QIP to increase the number of UFHP sites providing the full range of LTFP methods to at least 38 clinics; UFHP and QIP will jointly develop and implement a plan to provide stepped-up support in the form of increased QA visits for on-the-job training to these sites.
- Build demand for ESP Services – Since UFHP's inception, clinic contacts have grown at an average rate of 10% per month. This success is attributed to UFHP's aggressive BCC/marketing initiatives at all levels. To continue to grow, UFHP must be vigilant in promoting its services and building customer loyalty. A number of strategies for continued growth include strengthening the role of clinic staff including Service Promoters and Senior Service Promoters in promoting ESP services; continuing to develop BCC capacity at the NGO level lead by the Project Director/Project Manager and encouraging local BCC/marketing initiatives; and educating customers about the benefits of ESP services. Also important, UFHP will collaborate with BCCP in developing and implementing a national BCC/marketing campaign to be supported at the local level by UFHP NGOs and service delivery sites.
- Ensure a high quality provider network – UFHP attributes its early success to its commitment to quality. Maintaining high quality requires continuous improvement. In addition to training new technical staff in a timely manner, staff require refresher training and monitoring. With planned program expansion, it is particularly important that UFHP devise a strategy for quality improvement which meets the needs of both maturing and newly established service delivery sites. After completing its round 3 QA visits in the first quarter of this workplan year, UFHP will revise its schedule of site visits, selecting a representative sample of its mature clinic sites for round 4 visits. This will allow UFHP to target QA support to newer and low-performing sites. In the coming year, UFHP will also work with Project Directors/ Project Managers of mature programs to establish internal quality monitoring systems (QMS), transferring some of the responsibility for quality monitoring and improvement to the local level as part of its long-term sustainability strategy. In addition, UFHP will work with its NGOs to seek input from customers to improve quality and patient satisfaction.

- NGO institutional development – During the coming work plan year, UFHP will devote much of its attention to NGO institutional development. UFHP will work with service delivery NGOs and management partners to implement their strategic plans and to develop and implement UFHP-specific annual work plans. As a result of this assistance, NGO/clinic leadership will develop the skills to make informed decisions to support program success. In addition, NGOs/clinics will develop more capacity at the local level for program development and monitoring.
- Innovative, reach-expanding initiatives – UFHP continues to seek new, cost effective, and sustainable ways to fulfill our mandate to provide ESP services to underserved urban populations. UFHP has a number of initiatives aimed at expanding both programmatic and geographic availability of important ESP services. Safe delivery, nutrition, adolescent reproductive health, tuberculosis, and post-abortion care is being introduced in selected sites. In addition, UFHP is partnering with private industry, municipalities and other health care providers to make ESP services available under new collaborative arrangements. These initiatives build on our relations with various NIPHP and other partners.

4. Training Conducted

Appendix B summarizes training conducted in Bangladesh during October 1999 to September 2000 under UFHP auspices. More than 100 training sessions were conducted. The total number of trainees was over 2,000 including those who underwent formal training and those attending orientation sessions.

Core courses for all UFHP service delivery sites include clinic management for the clinic manager and technical courses on reproductive health, maternal and child health for paramedics and medical officers. Clinic staff also receive training in rational drug use, counseling and interpersonal communications, BCC/marketing and community group meetings. Paramedics and Medical Officers attend refresher courses at least 3 months after receiving the basic course or when additional training is needed.

Course Name	Abbrev.	Category of Participant	Length (days)
Clinic Management Course – management	CMC	Clinic Manager	6
Clinic Management Training - clinical	CMT-P	Paramedic	12
Clinic Management Training - clinical	CMT-MO	Medical Officer	5
Child Survival Intervention	CSI – P	Paramedic	12
Child Survival Intervention	CSI – MO	Medical Officer	12
Other Reproductive Health	ORH – P	Paramedic	10
Other Reproductive Health	ORH – MO	Medical Officer	12
Refresher -	R-P	Paramedic	6
Refresher – ORH & CSI	R-MO	Medical Officer	12
Rational Drug Use	RDU	Medical Officer	3
Interpersonal Communications	IPC C	Counselor	5
BCC/Marketing	BCC/m	SP/SSPs	4
Community Group Meetings	CGM	SSP/SP/HAC/AHE/PD	1

The NGO leadership participated in regular program update meetings. During the past year, four such meetings were held to present policies and procedures and introduce new initiatives.

A number of courses were held for clinic staff in service delivery sites selected to participate in special initiatives. These include adolescent reproductive health, HIV/AIDs, tubectomy, tuberculosis, Norplant, non-surgical vasectomy and nutrition.

During the past year, UFHP staff participated in several internal trainings. Technical updates were provided on child health, other reproductive health, as well as informed choice. Additional staff development activities included participation in English language courses, management trainings and presentation skills development courses.

5. Publications Produced

UFHP has either commissioned or directly published and /or disseminated the following reports during the last 12 months;

- A Study on Customer Satisfaction Monitoring at UFHP Clinics prepared by Operations Research Project (ORP) of ICDDR,B; Center for Health and Population Research- September 2000
- A Study to Understand Current Popular Perceptions of IUD by Development Support Link (DSL)-August 2000;
- Pricing Strategy for Clinical Services; a Study Findings and Action Proposals by Peter Connel- July 2000;
- Final report on Assessing UFHP's Franchising Options by Kumkum Amin & Naba Krishna Muni- June 2000;
- Report on From Home to the Clinic: The Next Chapter in Bangladesh's Family Planning Success Story Urban Sites; Empowerment of Women Research Program by Sidney Ruth Schuler, Md Khairul Islam and Lisa Bates- June 2000;
- Building Urban Slum Teams Towards Health Initiative (BUSTTHI); a Joint Initiative Between Government of Bangladesh and Urban Family Health Partnership (UFHP) for the Provision of ESP Services in Urban Slums of Dhaka City- June 2000;
- UFHP Semi-annual Report (Oct'99-March'2000), delivered to USAID- May 2000;
- UFHP's HIV/AIDS Programme 200-2001; A report on Voluntary HIV Counseling and Testing (VCT) at UFHP Clinics by Elizabeth Marum- April 2000;
- Final report on FPAB Service Delivery Project by Mr Quasem Bhuyan- March 2000;
- Report on Unit Cost Analysis by Sarah Littlefield – March 2000;
- Study report on Health Seeking Behaviour, Willingness and Ability to Pay for Selected Health Services in UFHP Areas of Bangladesh by ICDDR,B- February 2000;
- UFHP Retreat Proceedings- January 2000;
- UFHP 1998/99 Annual Report, delivered to USAID-November 1999;
- Study report on Urban Industrial Workers in Bangladesh - November 1999;
- Study report on NIPHP Clinical Quality by Org-Marg Quest Ltd - November 1999;
- RDU/MTP Module 4 – November 1999

C. Recent Customer Feedback

UFHP contracted with The Operations Research Project (ORP) of ICDDR,B to undertake a study on Customer Satisfaction Monitoring. This short-term study was aimed at an assessment of the existing satisfaction level among the UFHP clinic customers. The study was conducted during May-July 2000. Exit interviews were conducted with customers in a sample of high-performing and low-performing static and satellite clinics located in each of the A, B and C type of urban areas. In addition, focus group discussions were conducted to supplement and complement the exit interview findings. A total of six focus groups were conducted, three with static and three with satellite clinic customers.

The study identified strengths and areas for improvement. The following are key findings:

- Overall satisfaction level among customers with the services provided at UFHP static and satellite clinics is pretty high. Ninety-one percent (91%) of respondents rated the static clinic as “good” and 92% rated the satellite clinic as “good”. Less than ten percent rated the clinic as “more or less good”. None rated the clinic “not good”.
- Customers value the availability of a wide range of essential health and family planning services. Furthermore, 80-90% of customers indicated that they had received the desired service (s) at both satellite and static clinics.
- Customers rate the UFHP clinics as “good” based on the following characteristics:

Static Clinics: In the case of static clinics, a majority (87%) of the customers reported good behavior of the providers as the key reason for considering the UFHP clinic “good”. Other important reasons that customers rate the clinics “good” include: close proximity of the clinic (62%), non-provider staff behave well (53%), the clinic was neat and clear (49%), the clinic had a female doctor (47%), and services are available for the whole family (32%).

Satellite Clinics: In the case of satellite clinics, a majority (71) of the customers reported close proximity as the key reason for considering the UFHP clinic “good”. Other important reasons that customers rate the clinics “good” include: providers behaved well (61%), received the desired service (46%), non-provider staff behave well (39%), medicines were given (36%), appropriate services were provided (32%), and services and/or medicines were available at no or less charge (32%).

- Customers of static clinics reported few reasons for “not” considering UFHP clinics “good”. The major complaint, that “medicines were not given”, was expressed by 11% of respondents. Four percent (4%) of respondents said that appropriate services were not given. Dissatisfaction with satellite clinics was higher with 11% of respondents complaining about long waiting times and poor waiting arrangements. Seven percent (7%) of respondents objected to the high charge for services/medicines and that medicines were not given. Four percent (4%) reported unclean facilities and lack of privacy as reasons for “not” considering the clinic “good”.

- Customers were asked about convenient clinic hours. The majority preferred clinic hours before 1 PM. More than one quarter of respondents preferred hours between 1 PM to 5 PM. Thirteen percent (13%) of static clinic users and only 3% of satellite clinic users preferred evening hours from 5 PM to 8 PM.
- Customers were asked about their satisfaction with current pricing of services/commodities. Seventeen percent (17%) of static clinic and 11% of satellite clinic users considered the existing fee reasonable. The remaining respondents recommended reducing fees for registration and health cards, ANC, injectables, medicines and services for the poor. It is noted that a number of the focus group participants considered UFHP clinics as government facilities, and therefore, felt that no prices for services/commodities should be charged.

D. Collaboration with GOB to Date

By 2005, the Government of Bangladesh has ambitious goals of achieving:

- NRR =1;
- Increasing CPR from 54 to 72 percent;
- Reducing TFR from 3.1 to 2.2;
- Maternal mortality from 4.4 to 2.2;
- IMR from 72 to less than 50

The Government alone cannot achieve such ambitious goals. UFHP collaborates with the GOB in a number of ways to support these overall goals.

UFHP has a good working relationship with GOB both at the corporate level and in the field. At the corporate level, UFHP is an active member of two Working Groups with the Ministry of Health and Welfare and the Local Municipalities. Through these forums, UFHP is able to identify opportunities for improved collaboration and address problems which arise in the field. Membership in these work groups assures further coordination and collaboration among a number of partners including IOCH, ICDDR,B, Dhaka City Corporation, Deliver, RSDP and others supporting the GOB national agenda.

At the local level, most NGOs – represented by project directors, doctors and SSPs – give high priority to field-level relationships. As part of our routine monitoring visits, UFHP staff assess the extent to which UFHP service delivery sites are collaborating with the local level municipality. UFHP expectations include inviting representatives to visit the clinics, participating as a member of the local coordination committee, and meeting at least quarterly with the GOB. In addition, UFHP has advised all its NGOs/clinics to create clinic level Technical Advisory Committees with active participation by local level GOB officials such as the Civil Surgeon. Development of these committees provides a vehicle for regular communications between UFHP clinic and GOB at the local level to resolve issues in a timely manner and assure awareness of each other's programming. Development of these committees is progressing.

Amongst UFHP's many ongoing areas of collaboration with GOB, we can identify 5 current priority activities:

- Urban TB program – UFHP, through the NGOs Image, Mamata, and Nishkriti, has been collaborating with the GOB and Chittagong City health authorities to assist in the implementation of the National TB Control Program (NTP) in Chittagong City Corporation since May 2000. In May 2000, UFHP signed an MoU with the GOB to undertake similar activities in Khulna City Corporation through FPAB and Banophul-managed clinics beginning October 2000. The MoU also allows UFHP to expand the program in all urban areas of Bangladesh. But UFHP has decided to limit its TB program in Chittagong and Khulna to observe its progress and impact. The GOB program utilizes a direct observed treatment short course (DOTS) strategy. UFHP is assisting the GOB in carrying out its TB program in both Chittagong and Khulna through providing routine default tracing and domiciliary DOT on an emergency basis in the City Corporation wards which are UFHP catchment areas. The MoUs between the GOB and UFHP assign responsibility for following TB cases in UFHP wards to UFHP. In addition, UFHP established two lab facilities for TB smear screening in Chittagong and 3 in Khulna. Per the MoUs, and GOB policy, UFHP may charge only a Tk 5 registration fee to undiagnosed TB patients, providing ongoing treatment free of charge once the diagnosis is made. UFHP will follow NTP mandated patient categorization, treatment regimens and reporting systems. The Chittagong and Khulna City Corporations supply necessary drugs, laboratory material, forms and registered to UFHP clinics implementing the NTP.
- NSV and Norplant – UFHP has launched NSV services in 21 pilot clinics and Norplant in 30 sites. We are using MOHFW/DGFP training courses, run by GOB staff, to train our doctors and paramedics. However, while the DGFP has issued directives to district offices to provide institutional reimbursement, MSR and other supplies to UFHP NGOs, obtaining these supplies and funds remains a problem. UFHP clinics are also working to reach formal understandings with local GOB officials to conduct NSV and tubectomy sessions at UFHP clinics.
- Participation on NIDs – UFHP is committed to assisting Bangladesh's polio eradication efforts and participates with IOCH and the GOB to meet this end. UFHP as the single most consistent urban health service provider in Bangladesh, has been complementing the government efforts to eradicate poliomyelitis since December 1997. Since then apart from routine immunization activities, UFHP service delivery networks have been actively taking part in all the NIDs. The highlights of the activities centering around the NIDs included:
 - At the central level:
 - Attending the national/policy level meetings on the NIDs by the senior level staff from UFHP.
 - Issuing guidelines for UFHP NGOs to effectively participate in NIDs.
 - Developing and distributing BCC materials among the NGOs.
 - Observing the NID related activities of UFHP NGO clinics and other government/non-government organizations at the request of the concerned

government agency by the UFHP staff members including the COP and DCOP either alone or accompanied by government/non-government people.

- At the local level:
 - Attending the divisional, district and thana level advocacy/coordination meetings organized by the relevant government/non-government organization on the observance of NIDs.
 - Active participation of UFHP clinics in the NIDs at the local level including 1,872,190 immunizations during the past year alone.
 - Social mobilization and awareness building through both electronic (auditory and audio-visual) and printing (banners, posters, leaflets, reminding materials for the next rounds etc) media well ahead of each NID.
 - Administering oral polio vaccine (OPV) to the targeted children under five years of age through both static and satellite clinics.
 - Sending the performance report on NIDs to the concerned government/non-government agencies locally and to UFHP HQ.
- Timely approval of UFHP clinics - UFHP has successfully obtained DTC approval of all its clinics. UFHP anticipates prompt approval of all new sites scheduled for 2000-2001 based on the excellent relations we have with the GOB.
- BUSTTHI – UFHP partnered with the GOB to provide satellite teams to urban slums in Dhaka. UFHP provided staff training and one member of the satellite team; the GOB provided a second member of the satellite team and various supplies.

Despite UFHP's excellent relationship with the GOB, there are some areas of collaboration which need improvement. These include difficulty assuring timely access to selected commodity supplies; policy confusion among GOB and municipal authorities regarding charging for ESP services occasionally causes friction on EPI vaccines; short supply of injectables in some locations; and GOB policies on MSR and institutional reimbursement for voluntary sterilization.

E. Collaborating with Partners

UFHP maintains formal and informal relationships with a number of organizations who share common project objectives, organizational missions and vision. Through collaboration with these various partners, UFHP ensures the effective and efficient use of contract funds. Practical and effective working relationships have been established with all the partners listed below. Although often time consuming for the senior management of UFHP, the program has benefited a great deal from these various partnerships.

UFHP maintains its partnership **at four levels:**

1. NIPHP Global partnership: NIPHP partners are mandated to work within the purview of their respective cooperative agreement (CA) with USAID. However, these CAs are required to ensure partnership with one another based on agency specialties. The **specialties** of each NIPHP partner are:

- Urban Service Delivery -- UFHP
- Rural Service Delivery -- RSDP
- Social Marketing -- SMC
- Quality Improvement -- QIP
- Logistics -- FPLM/Deliver
- Operations Research -- ICDDR, B, ORP
- Urban Immunization -- IOCH

In addition to the above NIPHP partners, two recent partners have been added to the NIHPH partnership. They are:

- Training -- PRIME
- Nutrition -- Hellen Keller Institute

2. **UFHP Management Partnership:** UFHP seeks to strengthen the capacity of three established NGOs through a close working partnership. UFHP Management Partners are involved in all aspects of the UFHP program design and implementation. UFHP meets with its management partners monthly. In addition, UFHP engaged its management partners in a comprehensive strategic planning effort. Based on this work, our partners developed detailed work plans and strategies for long term sustainability. Each of our partners has particular expertise as follows:

- Population Services and Training Center (PSTC) – project/grants management and training
- Concerned Women for Family Development (CWFD) – service delivery plus training
- Bangladesh Centre for Communication Programs (BCCP) – information, education and communication (IEC)

3. **Service Delivery Partnership:** UFHP has sub-agreement partnerships with 25 local level NGOs for delivering ESP services at selected municipalities and city corporations.

4. **Non-NIPHP Partners:** UFHP interacts with the following bi-lateral and multi-lateral development partners directly or indirectly for urban services delivery:

- Asian Development Bank – Urban Primary Health Care Project (UPHCP)
- Japanese Embassy – NGOs capacity building
- DFID – Coordination/Collaboration for BPHC’s service delivery projects
- UNICEF – Slum projects and unified interventions for primary health care services
- WHO – TB program

During the past year, UFHP has worked particularly closely with a number of our partners, forging stronger relationships. Details of many of these collaborative efforts are provided in the summary of activities reported in previous sections.

F. Outstanding Strategic Issues to be Resolved

There are a number of strategic issues concerning UFHP at present, in probable order of priority:

- Long Term Family Planning Methods – Demand for long term family planning methods is low. A number of factors contribute to this low demand. First, short-term family planning methods have been well promoted at the expense of long term family planning methods for the past decade. Second, there are many misconceptions about the side-effects and benefits of long term family planning methods among customers. Third, short-term family planning methods are non-invasive and require less commitment from customers and are, therefore, more acceptable. Fourth, UFHP is particularly challenged to promote LTFP methods as our goal of providing informed free choice among family planning methods conflicts with the policy of other LTFP providers who provide institutional reimbursement for such service.
- Building capabilities of management partners and NGOs – UFHP must effect a culture change among NGO leadership if NGOs are to be committed to long term planning. UFHP plans intensive trainings during the coming year to support skill development. However, fostering an entrepreneurial attitude requires more than just training.
- Shortage of Paramedics – It is becoming increasingly evident that the number of paramedics available through GOB-recognized training institutions will not be sufficient to meet the increasing demand. Not only are UFHP trained paramedics being recruited away from UFHP clinics, expansion plans are currently being slowed by the lack of available paramedics to assume new positions. UFHP is working with PRIME and NIPORT in resolving this issue through organizing special courses to train additional paramedics.
- Contraceptive supply – Supply of injectables remains a problem in a few locations. UFHP received some buffer stock from SMC (with USAID's assistance), and this has provided a short-term solution to this chronic problem. UFHP is continuously working with GOB officials both at national and local levels to ensure availability of contraceptive supplies.
- EPI coverage and vaccine supply – UFHP continues to have isolated problems in obtaining access to vaccine supplies. The problem stems from difficulties in negotiating with local GOB or municipal representatives who may or may not acknowledge UFHP as a helpful resource in extending coverage. Because of UFHP's fee-for-service policy, Civil Surgeons occasionally balk at issuing vaccines. Nationwide agreement on a pricing policy for vaccines does not exist, and while most areas accept the small UFHP charges as reasonable and appropriate, others demand free service. Still others (such as the Chittagong City Corporation) charge all service providers for vaccine supplies. To date, it seems that the pricing issue is mostly confined to MOHFW relationships, while the coverage issue is more focused on pourashavas, who often insist their staff can handle EPI coverage adequately without

UFHP help. We have established a close working relationship with IOCH, and are hopeful that this will help us to improve the situation.

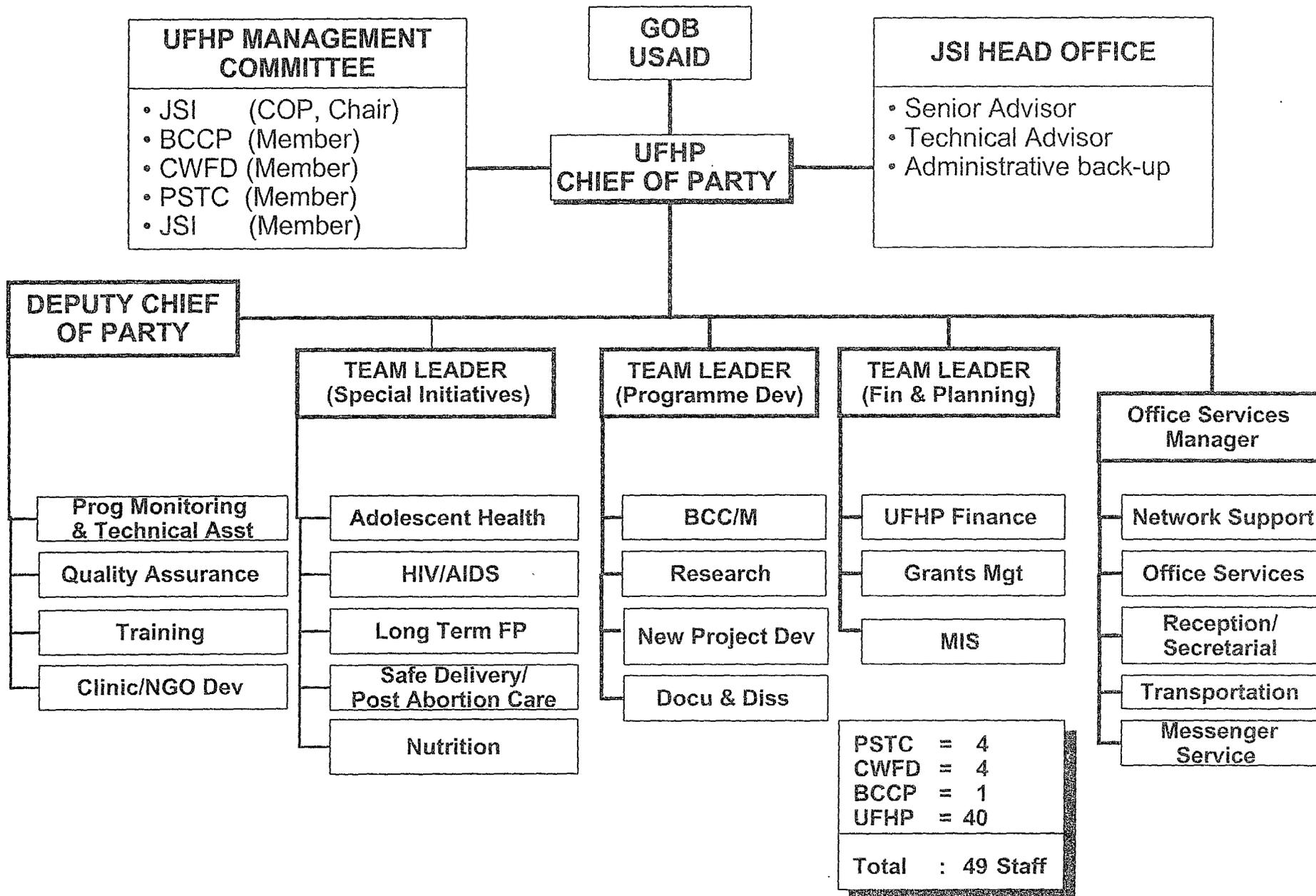
- Revised IS - New indicators and program priorities require UFHP to reevaluate its current IS systems to ensure that needed information is being collected, analyzed and reported. Furthermore, there is a need for useful IS to support NGO management decision-making. Finally, UFHP and RSDP need to standardize definitions to provide consistency in reporting.
- CD/VAT for vehicles - UFHP's new, USAID-approved vehicles have arrived in country, and are currently awaiting registration due to the lack of CD/VAT funds from GOB. This delay in registration is costing the project more money as vehicles must be rented to support project activities. The issue is actively being followed-up by UFHP and USAID.

G. Pipeline Analysis

UFHP's project pipeline stood at \$5,509,157 as of 30 September 2000. This pipeline includes USAID obligations totaling \$21,649,261, an amount intended to cover the period from project start-up to 30 June 2001 (see Attachment C).

Attachment A
UFHP Organogram

UFHP LINE STRUCTURE, 1 OCTOBER 2000



Attachment B
Training Conducted Under UFHP Auspices

**Training Conducted under UFHP Auspices within Bangladesh
October 1999 - September 2000**

Course Name	ABBRV	Length	# of Batches	Mo. w/ Training	# of Trainees	Training Organizations	Category of Participants
CORE COURSES							
Clinic Management Course	CMC	6 days	6	2,4	158	UFHP	CM
Clinic Management Training	CMT-P	12 days	9	10-3,7,9	127	AITAM	Paramedic
Clinic Management Training	CMT-MO	5 days	2	10,11	35		MO
Child Survival Intervention	CSI	12 days	6	11,2,3,7,8	90	BRAC,Radda	Paramedic
Child Survival Intervention	CSI-MO	12 days	1	10	19	AITAM/ICMH	MO
Other Reproductive Health	ORH-MO	12 days	1	11	19	AITAM/ICMH	MO
Other Reproductive Health	ORH - P	10 days	9	10,11,1,2,4,6,7	140	AITAM,CWFD,OGSB	Paramedic
Refresher - ORH & CSI	ORH-CSI - MO	12 days	2	4,8		AITAM/ICMH	CM/MO
Refresher - Paramedic	PR	6 days	1	7	16	OGSB	Paramedic
Rational Drug Use	RDU	3 days	2	4,6	24	AVSC/QIP	MO
Inter-personal Communication	IPC C	5 days	3	10,6,7	58	BCCP	C
BCC/M	BCC/M	4 days	11	11,7,8,9	213	BCCP	SSP/SP
Community Group Meeting	COMM	1 day	14	3,4,5	358	BCCP	SSP/SP/HAC/AHE/PD
Orientation for FAM/FAO	Finance		1	4	27	UFHP	FAM/FAO
UFHP Program Updates	DISS	1-2 days	4	1,5,8	233	UFHP	PD, NGO PRES, FAM

**Training Conducted under UFHP Auspices within Bangladesh
October 1999 - September 2000**

Course Name	ABBRV	Length	# of Batches	Mo. w/ Training	# of Trainees	Training Organizations	Category of Participants
SPECIAL PROGRAM COURSES							
Norplant	NORP	5 days	7	10,11,1,3,4,7	13	GOB	MO/C
Tuberculosis	TB	2 days	2	5,6	2	GOB	LAB TECH
Tuberculosis	TB		1	5	11	GOB	MO
Tuberculosis	TB		2	5	33	GOB	Paramedic
Tuberculosis	TB		1	8	47	GOB	SSP/SP/C
Voluntary Surgical Contracep	VSC	3 days	2	8,9	5	GOB	MO
Non-Surgical Vasectomy	NSV	8/4 days	3	11,3,5	16	AITAM	CM/MO; P
NSV OT Management Training	NSV OT	3 days	2	10-3	9		Paramedic
OTJ Nutrition	NUT	4 days	1	9	22	CWFD	MO/PM/C
Advances in Family Health	ADV	12 days	3	2	29		SSP/GOB/Private Sector
Adolescent Health	AHP	5 days	2	5	30	CWFD/PSTC	SSP/PM/C/AHE
HIV AIDS Communication	HIV	4 days	1	10	8		SSPs/SPs/HACs/C
Tubectomy	TUB	12/6 days	1	9	8	AITAM	CM/MO; P
HIV AIDS Program Launch	HIV Pro	1 day	1	1	170	UFHP	PD/V/C
UFHP STAFF							
Informed Choice in Service Del	Choice		1	5	5	AVSC	UFHP/PSTC
ORH & CSI - Updates	Update	4 days	1	12	16	UFHP	NLOs, QAOs
Power Point Training	PP	1 day	1	11	30	UFHP	UFHP staff
Office Systems	Office	1 day	1	5	14	UFHP	UFHP Staff
UFHP Program Evaluation	Review	3 days	1	9	52	UFHP	UFHP Staff
			106		2035		

Attachment D
UFHP Performance – 1997-2000

ESP Components			Total	1997-1998	1998-1999	1999-2000
A. Child Health Contacts			2,435,158	410,091	674,111	1,350,956
Immunisation	Age: 0-11 Months	BCG	167,418	29,247	49,539	88,632
		DPT/Polio 1	165,401		59,111	106,290
		DPT/Polio 2	155,674		62,687	92,987
		DPT/Polio 3	165,893	45,069	40,759	80,065
		Polio 4	110,193		39,522	70,671
		Measles	122,374	16,617	36,200	69,557
	Age: 12+ Months	BCG	1,409		893	516
		DPT/Polio 1	9,586		8,973	613
		DPT/Polio 2	4,687		3,615	1,072
		DPT/Polio 3	5,496		4,723	773
		Polio 4	22,744		11,924	10,820
		Measles	6,484		4,360	2,124
	Sub Total		936,886	90,933	322,306	523,647
Vitamin A	Age: 0-11 Months		342,862	212,243	60,664	69,955
	Age: 12 + Months		49,814		15,663	34,151
	Sub Total		392,676	212,243	76,327	104,106
CDD	Diarrhoea	No dehydration	340,092	60,934	72,750	206,408
		Some dehydration	75,639		35,513	40,126
		Dysentery	83,055		29,136	53,919
	Sub Total		498,786	60,934	137,399	300,453
ARI		Common Cold	426,170	45,981	114,172	266,017
		Pneumonia	61,266		19,961	41,305
	Sub Total		487,436	45,981	134,133	307,322
Disease Surveillance		AFP	159		121	38
		NNT	53		25	28
		Sub Total	212	-	146	66
Referral		11,157		123	11,034	
Counselling only		108,005		3,677	104,328	
B: Reproductive Health Contacts			4,817,701	600,080	1,445,053	2,772,568
ANC		1	318,276		121,275	197,001
		2	170,181		54,494	115,687
		3 +	99,104		26,240	72,864
		Referral	19,335		5,127	14,208
	Sub Total		684,455	77,559	207,136	399,760
TT	Pregnant	Pregnant - 1	102,050		36,622	65,428
		Pregnant - 2	78,038		27,197	50,841
		Pregnant - 3	29,987		9,508	20,479
		Pregnant - 4	9,116		2,437	6,679
		Pregnant - 5	5,526		1,568	3,958
	Non-Pregnant	Non-Pregnant - 1	132,504		56,974	75,530
		Non-Pregnant - 2	82,138		31,018	51,120
		Non-Pregnant - 3	51,459		17,367	34,092
		Non-Pregnant - 4	13,955		3,239	10,716
		Non-Pregnant - 5	5,603		1,663	3,940
Sub Total		580,077	69,818	187,593	322,666	
PNC		1st Visit (registered)	102,452		35,702	66,750
		1st Visit (non-registered)	19,357			19,357
		Re-Visit	19,836		8,151	11,685
	Sub Total		156,130	14,485	43,853	97,792
Delivery		Performed	12			12
		Referred	6,484		174	6,310
	Sub Total		6,496		174	6,322

Family Planning Service Contacts			2,455,835	349,350	820,556	1,285,929
Family Planning		Pills	1,033,899	135,577	357,538	540,784
		Condom	435,526	94,242	152,559	188,725
		Injectable (2m)	1,723		1,618	105
		Injectable (3m)	805,062	115,237	258,231	431,594
		IUD (insert)	11,793	3,275	3,356	5,162
		IUD (removal)	3,715		1,898	1,817
		IUD (follow-up)	5,276			5,276
		Norplant (insert)	9,348	860	1,580	6,908
		Norplant (removal)	1,487			1,487
		Norplant (follow-up)	10,504			10,504
		Vasectomy	2,361	38	768	1,555
		Vasectomy (follow-up)	1,842			1,842
		Tubectomy	1,365	121	443	801
		Tubectomy (follow-up)	802			802
		Sub Total			2,324,703	349,350
Referrals issued	Injectable	7,963	5,879	590	1,494	
	IUD	1,807		636	1,171	
	Norplant	1,266		404	862	
	Sterilisation	796		373	423	
Sub Total			11,832	5,879	2,003	3,950
Contraceptive Side Effects	Pill	40,126		13,049	27,077	
	Injectables	68,486		21,701	46,785	
	IUD	9,360		3,867	5,493	
	Norplant	5,789		1,058	4,731	
	Sterilisation	1,418		887	531	
Sub Total			172,708	47,529	40,562	84,617
RTIs/STDs	Female - VD	451,290		128,734	322,556	
	Female - CD/LAP	146,944		35,775	111,169	
	Female - GU/IB	7,663		3,294	4,369	
	Female - ANC Syphilis	2,839			2,839	
	Male - GU/IB	11,135		4,902	6,233	
	Male - UD/SS	26,051		6,247	19,804	
Sub Total			681,382	35,460	178,952	466,970
Counselling Only			199,918		6,789	193,129
C. Communicable Disease Contacts			51,704	37,778	11,801	2,125
	TB	3,357		2,972	385	
	Malaria	955			955	
	HIV/AIDS	9,614		8,829	785	
D. Limited Curative Care Contacts			1,827,950	305,311	662,287	860,352
	Helminthiasis	154,375		62,138	92,237	
	Anaemia	185,126		67,519	117,607	
	Menstruation Problem	139,124		53,346	85,778	
	ENT	38,895		15,788	23,107	
	Skin Problem	135,986		49,765	86,221	
	First Aid	39,181	16,790	11,063	11,328	
	Others	1,097,104	288,521	400,913	407,670	
E. Lab. Test only			38,159		1,755	36,404
F. Total Contacts by Services			9,132,513	1,353,260	2,793,252	4,986,001
	NID OPV contacts	2,752,972	47,570	904,376	1,801,026	
	Vit-A	1,756,385	127,206	463,364	1,165,815	
NGO Cost Recovery	Total Expenditure	446,073,650	135,429,556	144,485,689	166,158,405	
	Operating Cost	378,386,578	105,006,393	125,025,749	148,354,436	
	Revenue Earnings	41,050,590	7,092,927	12,947,322	21,010,341	
Session I	Avg. # of Static Clinics	117	104	120	126	
	Avg. # of Satellite Teams	258	210	259	307	
	Total # of Satellite Session	117,501		44,222	73,279	

45

Attachment E
Administrative Actions

1. Training Conducted Outside Bangladesh

Trainee	Type of Training	Date
<i>UFHP Staff</i>		
Ahmed Al-Kabir	COP orientation – Boston, USA	March 2000
Ahmed Al-Kabir	COP Meeting – Washington, USA	June 2000
Hashina Begum	Int'l conference on HIV/AIDS – Africa	July 2000
Peter J Connell	Int'l conference on HIV/AIDS – Malaysia	October 1999
Hashina Begum	Int'l conference on HIV/AIDS – Malaysia	October 1999
ATM Faruq	Short course on BCC – Bangkok, Thailand	February 2000

2. International Travel

JSI Home Office Staff

Richard Moore	UFHP three years programme review	September 2000
Claudia Morrissey	TA to UFHP programme issues	June 1999/Sept 2000
Amy Deschaine	Finance and Admin	September 2000

Consultants

Susan Friedrich	Strategic Planning	May 2000
Kumkum Amin	Clinic Franchising	November 1999, January and April 2000
John Stoeckel	UFHP three years programme review	September 2000
Carrie Hessler-Radelet	HIV/AIDS programme – BCC materials development	October 1999
Peter Connell	UFHP Pricing Policy	July 2000

Traveller	Purpose of Travel	Date
<i>BCCP</i>		
Mohammad Shahjahan	Visit Mudra Communication, India	March 2000
Mohammad Shahjahan	HIV/AIDS Congress, Manila	August 2000
Riffat Jahan	Strategic Planning Workshop – Baltimore, USA	September 1999
Sophia Nazma Chowdhury	Strategic Planning Workshop – Baltimore, USA	September 1999
<i>CWFD</i>		
Jatan Bhowmick	Short course on BCC – Bangkok, Thailand	May 2000
Ishtiaque S Joarder	Short course on BCC – Bangkok, Thailand	May 2000
<i>FPAB</i>		
Shahid Hossain	Short course on BCC – Bangkok, Thailand	May 2000
<i>PSTC</i>		
Mahbubur Rahman	Short course on BCC – Bangkok, Thailand	May 2000



Attachment F
Complete Set of Publications