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**Urban Family
Health Partnership
Non-Financial
Performance
October-1997 to
March 1998**

**Semi-annual
Performance Report**

**Submittal to
USAID, Dhaka**

April 1998

**Strategic objective number 1:
Fertility Reduced and Family Health Improved
USAID/Bangladesh CA No. 388-A-00-96-90025-00
Contractor: JSI Research and Training Institute, Inc.**

**Urban Family Health Partnership
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**Attachment A – Non-financial Performance Data, by Clinic,
for February and March 1998**

1. Progress on 1997/98 Work Plan and Priorities to September 1998

Progress against UFHP's 1997/98 work plan is best assessed with reference to the 25 action plans contained therein; these all show cross-references to their parent Intermediate and Sub-results. In the commentary below, we note the current status of each plan and, in some cases, individual tasks; the priority actions in the period to September 1998, where these are worth special emphasis or differ significantly from the plan, are also noted.

Action Plan 1 – ESP Rollout

Rollout is on schedule, despite revised service standards manuals not having been received in December 1997 as planned. Our NGOs have identified appropriate referral centres in each municipality they serve but these have not yet been formally documented. Main priority for next six months is to complete the network of clinics, by moving those that still have to be moved into acceptable locations/premises, and gain some stability. Future progress of rollout seriously threatened by training problems (see AP 16).

Action Plan 2 – Clinical Contraception

The action plan was modified to achieve the development of our relationship with FPAB clinics in a phased manner. COPE exercises have been conducted at all four City Corporation clinics, as part of Phase 1. Priorities now are to sign the first contract with FPAB for four clinics, get started on assessing the quality in the next 15 clinics and initiate discussions with other providers of clinical contraceptive services. The September deadline for setting up a nationwide network is now pushed back to January 1999.

Action Plan 3 – Garment Workers

Since October 1997, the concept has changed in the light of the paucity of data on garment workers health needs. A research study is now being commissioned to assess both health needs and current treatment costs – it will take at least five months to complete and we do not expect useable results before September 1998.

Action Plan 4 – SMC Collaboration

The tasks listed in the work plan were completed on time. UFHP will work initially with SMC in two areas: selling SMC pills, condoms and ORS in UFHP clinics; cooperative ventures on HIV/AIDS prevention in selected areas. Subsequent implementation has been delayed. The first initiative was delayed by the temporary closure of SMC: training had been completed but stock had not been distributed. The second initiative was delayed by continuing uncertainty about what SMC is permitted to do by USAID in terms of medical counselling and clinical services. Priority now is to get stock to clinics, start the three-month pilot and investigate the implications of the new agreement between SMC and USAID on SMC's role in HIV/AIDS.

Action Plan 5 – Private Sector Networking

The first two tasks are complete but not yet documented because we feel we have put our NGOs under sufficient pressure already in other areas. More importantly, we have not yet conceptualised the cooperation scenarios. We propose to combine that conceptualisation task

with the interviews proposed for June 1998 in a single external consultancy, which should speed up our returning to schedule. We still expect to have a plan ready for discussion by September 1998.

Action Plan 6 – One-stop Shopping

The government and community stakeholder workshops are well under way. They did drop behind schedule when we agreed to hold four Division-level workshops in late 1997/early 1998: the audiences for the two series of workshops overlapped. We are now back on schedule. The concept of the IEC and marketing blitzes changed early in 1998: we decided to hold seven week-long events, using UFHP staff, with the weaker NGOs and have the NGOs conduct their own programmes with their own staff in other municipalities. This is under way.

Action Plan 7 – ESP Support Materials

The IEC 'study' (formerly the baseline survey) was delayed by the size and concept of the initial draft of the questionnaire. Completion is now scheduled for June 1998 instead of March 1998 (top-line findings only). The best of existing IEC materials have been selected and distributed to NGOs. New materials are under development in line with phasing of the ESP rollout: ESP flipchart; ESP component brochures; Quality Comes First materials.

Action Plan 8 – Adolescent Health

The original plan was slipping behind schedule because of the plan leader's illness and absence from Bangladesh. A new approach was canvassed for discussion in April 1998, a working group has now been formed and started work.

Action Plan 9 – Special Target Customers

The plan was behind schedule because of the delay in the IEC study findings becoming available (see AP 7 above). As a result, this action plan was selected for major re-timing to make way for the cost of 'paid' airtime (previously airtime had been expected to be free under the terms of the SOAG). Now re-scheduled for after September 1998.

Action Plan 10 – Male Involvement

Again, the IEC study has delayed progress. We have a draft plan ready but have pushed back implementation to allow time for the NGOs to stabilise before we add another new programme. Tasks scheduled for June and July 1998 are now pushed back to August and September 1998 respectively.

Action Plan 11 – National IEC Strategy

UFHP/BCCP's actions were on schedule up to the end of 1997 but getting the draft strategy agreed with GOB is taking longer to arrange than expected. A workshop has been scheduled and is now the priority item, but the draft strategy is now not likely to be ready until June 1998 at the earliest – with consequent delay to all other tasks of at least three months.

Action Plan 12 – National HIV/AIDS Strategy

The only issue here is the working relationship between UFHP and SMC. USAID has now clarified its expectations with regard to SMC's role and UFHP is looking at the implications of this for its NGOs' existing activities. Once we have identified and resolved any overlaps (expected by end-May 1998), UFHP can communicate the new policy to NGOs and focus on the top priority of developing its detailed plan – still on schedule for June 1998. Meanwhile, the IEC work is proceeding.

Action Plan 13 – Urban IEC Strategy

All the visits and capability assessments are complete and local programmes are under way, some with direct UFHP or BCCP involvement. All activity associated with slum leaders has been put on hold as part of UFHP's effort to relieve the pressure on its NGOs – this will be re-started after September 1998. Unexpected input on the urban IEC strategy was received from Joan Yonkler's visit in February: the strategy is scheduled for definition in June 1998. It remains on schedule unless the continuing lack of a national IEC strategy at that point makes urban and rural strategies not worthwhile.

Action Plan 14 – ESP Standards Manuals

The standards manuals have not yet been delivered by the development teams (all due in draft in December 1997). This means that making them available for use by the NGOs is likely to be delayed by up to six months and the dissemination strategy will have to be changed since delivery of the draft manuals will now be staggered over a long time period. Routine visits to review implementation of the standards is postponed until the standards become available.

Action Plan 15 – Standard Equipment Lists

This action plan has been completed on schedule.

Action Plan 16 – NGOs' ESP Training Needs

All tasks within UFHP's control were completed on schedule up to January 1998. There are now severe implementation delays as a new contractor is brought in to take over responsibility for curriculum design and institution-building. No other listed tasks are likely to be implemented before September 1998.

Action Plan 17 – ESP Management Course In Bangla

A draft contract has been drawn up and shared with UNC and the curriculum agreed in principle. However, delays in obtaining a final contract, centring on the sole source nature of the award and the need to satisfy USAID regulations in this respect, have resulted. The training course may still start on schedule in September 1998 but October looks more likely.

Action Plan 18 – Customer Satisfaction Surveys

All of the scheduled COPE exercises are proceeding according to plan.

Action Plan 19 – GOB Training Needs

In the light of the significant delays now expected in the NIPHP training programme (see AP 16), we have postponed any further work on GOB training needs until we can determine whether or when any training capacity will be available.

Action Plan 20 – NGO Management Capabilities

We have amended UFHP's approach to management capabilities significantly, in the light of major perceived shortcomings in those capabilities. The needs assessment was brought forward to January 1998 and concluded that IEC/marketing, strategic planning, staff performance appraisal and managing teams were critical weaknesses. A consultant was brought in to tackle all of these and the initial phase of the programme will be complete in July 1998. The consultant has helped to develop in-country skills to allow UFHP to continue the programme in the longer term. Formal training in IEC/marketing and the business aspects of management are priorities for consideration before September 1998.

Action Plan 21 – Coordination with Municipalities

Introductory visits have taken place in all municipalities and, in many cases, fruitful working relationships have been built. The options for better coordination have not yet been developed but a working group has been formed. The initial indications are that "pilot testing" as originally conceived will not be feasible – instead we are focussing on a coordination structure for limited launch later in the year. Priority now is to define that structure.

Action Plan 22 – MIS Rollout

The MIS has been finalised but on the basis of two 'options', which are crucial to the design. UFHP has indicated its intent to remain with the originally agreed concept of clinic cards. Introduction of the options and discussion thereof has delayed the project by a month or so. UFHP's priority now is to take over the project from the contractor (ORP) and define its own rollout plan. Launch scheduled for 1 July 1998.

Action Plan 23 – NGO Costing/Pricing

All of the tasks scheduled to date have yielded results but it is unlikely that the next steps will be completed on time. The critical issue is the need for customer data before we can study customers' price sensitivity: this requires the MIS to be rolled out and start generating real customer data. Assuming the MIS is now launched on 1 July 1998, data is unlikely to be reliable before September 1998, at which point consultants can be selected to analyse pricing options. Cost analysis could start sooner but prices and costs have been planned to go in tandem.

Action Plan 24 – NGO Revolving Drug Funds

A final concept still looks likely by June 1998, despite the difficulties encountered in organising this project to date.

Action Plan 25 – UFHP Partners' Strategic Plans

Only PSTC's planning effort commenced on schedule: BCCP's was delayed by the Advances Workshop in February and CWFPP's by the prolonged absence of the Executive Director. All are now well under way but completion is unlikely until September, three months later than expected.

2. Selected Performance Indicators

Table 1 compares baseline with current performance against a range of NIPHP indicators. Baseline data is a monthly average for the period July to December 1996, obtained from former contractors to USAID under the previous programme. Current performance is monthly data for March 1998. The latest UFHP non-financial performance report (for February and March 1998), giving data for individual clinics, is in Attachment A.

Comparison of baseline with March 1998 shows that UFHP is already ahead of baseline on all indicators except EPI, Vitamin A and IUDs. The EPI and Vitamin A baseline data may be inflated by NIDs and also we know that EPI coverage has reached a plateau and is now falling slightly nationwide. The IUD data is so small that it is difficult to read anything meaningful into the comparison – except that we need to promote IUDs more aggressively.

The projections to 2004 in Table 1 are order-of-magnitude estimates only. Seven year projections cannot be accurate in any circumstances and these are based on unstable data from the first eight months of clinical operations. We expect that there will be three main drivers of growth:

- Underlying growth of urban population – Anecdotal data suggest that urban population has grown at six per cent per annum in recent years. We believe this may be at least partly due to re-definition of municipal boundaries between censuses and have assumed a growth rate of 4.5 per cent per annum in our catchment population estimates. We expect the underlying population growth rate to slow as fertility falls but urban populations will continue to rise well above the national average as economic development continues to stimulate rural/urban migration. Thus we have assumed that urban population will rise by at least four per cent per annum over the period.
- Rising participation in health coverage – We expect participation rates in health coverage, defined as the proportion of the population exposed to ESP-related health risks who actually seek care from a service provider, to rise. In some segments, participation is already over 50 per cent – eg contraceptive prevalence and EPI coverage. In most others, it is below 20 per cent. Since participation rates tend to rise slowly, we have allowed an average of one percentage point per annum for this factor. Combining this with underlying population growth above gives a 'norm' of five per cent per annum. Obviously, ESP components with an already high participation rate will grow more slowly than those with a lower rate. Non-clinical components of modern FP use may actually fall from our clinics' perspective, as customers switch to retail sources for pills and condoms.

Table 1
Selected Monthly Performance Indicators

Indicator	Baseline*	March 1998	Growth Projection to 2004**
<i>Child Health (contacts at clinics)</i>			
Measles vaccinations	1,350	1,128	Medium
Vitamin A doses	4,260	3,258	Medium
CDD	1,715	2,084	High
ARI	1,735	2,679	High
<i>Reproductive Health – Family Planning (customers visiting clinics)</i>			
Injectables	9,155	9,436	High
IUDs	595	277	Medium
Modern FP users	11,405	25,725	Low
Clinical FP users	9,755	9,718	High
<i>Reproductive Health – Other (contacts at clinics)</i>			
ANC	3,015	5,048	High
TT	3,275	4,632	High
RTI/STDs	875	2,986	High
<i>Other Indicators</i>			
Estimated ELCOs in UFHP catchment areas	na	1,958,166	>4% per annum in urban areas unlikely to expand much beyond 250 in next three years
Satellite clinic teams operational	na	244	
NGO cost recovery	na	<5%	>15% after 3 years

*monthly average July to December 1996

** high/medium/low in relation to a 5% per annum growth 'norm' (see text)

- Rising NGO clinic market share – This factor is still impossible to predict at this early stage. NGO clinics historically have accounted for a very small share of ESP coverage (probably in the region of one per cent) and this is our baseline. Performance to date in urban clinics suggests market shares ranging from 1 to 5 per cent but the data remains highly unstable. If clinical quality can be successfully raised, if customers can be successfully persuaded to attach value to quality and attracted to our clinics, if we can start to penetrate the uncovered segments of the market (ie non-users of health care) and if many other factors prove favourable – we can raise our market share over time. We expect to do this. However, we have made no allowance for growth from this source in these first projections.

In Table 1, 'high' growth therefore means above 5 per cent per annum; 'medium' means 5 per cent; 'low' means less than 5 per cent.

3. Recent Customer Feedback

We have received customer feedback to date through the COPE exercises and purely anecdotal feedback from routine clinic visits made by a variety of UFHP staff. The common themes emerging from these two sources have been:

- Convenience of the satellite clinics – Customers no longer have to travel to gain access to a range of services which previously were not available on the doorstep.
- Pricing – Most customers mention that our services are 'expensive'. However, these are comments collected in an unsophisticated manner. Detailed probing usually reveals that the customer would prefer free services, to which they were accustomed over many years. Also, such probing usually reveals that UFHP services are actually much cheaper to the customer than any other alternative, including GOB services. Our Action Plan 23 is aimed at obtaining a more sophisticated analysis.
- Favourable comparison of service levels vis-à-vis GOB facilities – Customers often mention that our staff are reliably on hand during opening hours and we usually have a drug supply; neither is guaranteed in the GOB system.

4. Collaboration with GOB to Date

UFHP's collaboration to date with GOB has been mostly in three areas:

- Contraceptive supplies – After many initial complications, we have worked out a system with DGFP particularly for ensuring that our NGOs receive contraceptive supplies. The initial resistance from TFPOs, based largely on their being unaware of NIPHP and its new service delivery approach, is now largely resolved and our NGOs have a good working relationship on this subject. Occasional supply problems remain, especially with injectables in the Chittagong Division.
- Communication workshops – We have held (with RSDP) four Division-level workshops to inform DGFP and DGHS senior field staff about the NIPHP. The need for this became apparent in October/November 1997 when resistance to the urban programme in

particular was at its highest. The workshops were held in December/January and successfully communicated the facts; they were well supported by DG Family Planning in particular. We are also still holding government and community stakeholder workshops in all of the municipalities we serve (see AP 6 above).

- General networking – All of our NGOs (Project Directors and Medical Officers in particular) have been encouraged to build strong relationships with their local GOB counterparts – especially the TFPOs, DDs Family Planning, Civil Surgeons, Thana Health Administrators, Municipal Medical Officers and Pourashava Chairmen. UFHP senior staff and NGO Liaison Officers participate in this effort extensively. This is now formally becoming an integral part of our policy efforts under the headings of ‘leadership in community health’ and ‘municipal coordination’.

5. Outstanding Strategic Issues to be Resolved

Given the interlocking nature of the NIPHP design, UFHP is dependent on many external parties for inputs needed to perform its assigned role. However, in contractual and audit terms, UFHP remains solely responsible for its deliverables. So far, this degree of exposure to others’ inputs has proved manageable but we are concerned about the future in three areas:

- Contraceptive supplies – We rely entirely on GOB for pills, condoms, injectables and IUDs. There have been many alarms over the last six months, particularly with respect to injectable supplies: for about a month we were turning injectables customers away in the Chittagong Division in early 1998. Even when supplies are plentiful in the GOB system, the NGOs are typically the lowest priority recipient. We would like to discuss with USAID how we can reduce this level of exposure – possibly through greater reliance on SMC supplies or possibly by incorporating small quantities of these items into the revolving drug funds (see AP 24).
- Standards and training – Both subjects are central to Quality Comes First and the top priority we are all attaching to raising clinical quality levels. No deliverables have been received from the designated partner in either area to date – and none may now materialise during the first year of NIPHP. Appointment of a new sub-contractor for training curriculum development and training institution-building will help, although it will also undoubtedly lead to further delays in the short-term. Given progress to date, we doubt that the desired quality levels can be achieved nor therefore the ESP rolled out in anything like the originally envisaged timeframe. We even doubt that rollout will be completed before our NGO contracts expire in 25 months time. We would like to discuss again with USAID how we can reduce UFHP’s level of exposure – possibly through allocation of more resources to these subjects by USAID, to maintain the momentum that is now being achieved. UFHP sees this as a resource issue: we do not accept that there should be a perceived trade-off between speed and quality in these areas at this stage of NIPHP’s development.
- Teamwork and communication within NIPHP – Everybody is beginning to drown in meetings. This was predicted at the design stage and we undertook to monitor the situation and not let it get out of control. Given the lack of management depth within all of the partnerships, including UFHP, there are probably only 15-20 active participants in managing the overall programme and only maybe half of those are true decision-makers

on behalf of their partnerships. We would like to discuss with USAID how we might re-define the concept of teamwork as practised in NIPHP – to forestall the programme slowing down further under its own weight.

6. Administrative Actions

The planned training to be conducted outside Bangladesh remains as indicated in the 1997/98 work plan (Figure C-1). None was scheduled for the period covered by this report. Similarly, the capital procurements of over \$5000 remain as planned (Figure C-3) and none have been made to end-March 1998 because of the continued blockage presented by the CD/VAT issue.

The international travel plan has changed slightly now, with all of the changes individually approved by USAID. Table 2 contains an update of Figure C-2 from the work plan; shaded items have taken place already.

Table 2
Actual and Proposed International Travel

Traveller	Purpose	Approximate Date
<i>UFHP Staff</i>		
Noor Mohammed	Canadian conference paper	November 1997*
Peter Connell	JSI COPs' meeting	June 1998
Ahmed Al-Kabir	JSI orientation/COPs' meeting	June 1998
Tahmina Sarker	Training	August 1998
Peter Connell	R&R	September 1998
A L Martin	Training	September 1998
<i>JSI Home Office Staff</i>		
Abul Hashem	Consulting assistance	March 1998
Amy Cullum	Back-stopping assistance	May 1998
Ken Olivola	Progress review	May 1998
Abul Hashem	Consulting assistance	July 1998
Abul Hashem	Consulting assistance	September 1998
<i>Consultants</i>		
Lawrence Kincaid	BCCP – CCP, media survey	October 1997
Phyllis Tilson Piotrow	BCCP – CCP, strategic plan	November 1997
Paul Bankerd	BCCP – CCP, admin systems	November 1997
Joan Yonkier	BCCP – providers' campaign	March 1998
	BCCP - national IEC strategy	June 1998
Cathryn Wilcox	BCCP – Advances W' shop	February 1998
TBD	UFHP – NGO cost structures	July 1998
		September 1998
Esta de Fossard	BCCP – Trainer, script writing	July 1998
Bob Karam	BCCP – Consultant, strat planning	March 1998
		May 1998
		June 1998
		August 1998
<i>Other</i>		
NGO Project Directors	Study tour	September 1998



already completed

*cost-shared with conference organisers

Attachment A

**Non-financial Performance Data, by Clinic
for February and March 1998**

Non-Financial Clinical Performance

Static Clinic and Satellite Teams Shown separately

3rd Quarter (Feb.98 to Mar.98)

Cluster Number	NGO	STATIC	SATELLITE TEAM	Non-Family Planning															Family Planning														
				Contacts															Customers using the Clinic this period for						Total FP customers	Commodities Issued							
				BCG	Measles	DPT3	EPI (%)	Vitamin A	ARI	CDI	ANC	PNC	TT	RTI/STDs	HIV/AIDS	Other	Common ailments	First aid	TOTAL CONTACTS	Condoms	Pills	Injectables	IUDs	Non-brands		Tubectomies	Vasectomies	Condoms	Pills	Ampoules (inj.)	IUDs	Impoons (6 cap)	Referrals issued
01	Mamata Clinic 1, Chittagong W-39 (Static)	1		290	142	204		140	15	6	205	7	111	10	0	0	347	1	1487	41	114	321	22	0	0	0	498	1296	243	321	22	0	0
"	Mamata Clinic-1, Chittagong W-39 (Satellite Team - 4)		4	0	0	0		0	16	15	58	0	0	132	55	0	581	0	863	243	664	176	0	0	0	0	1083	4254	864	176	6	0	0
"	Mamata Clinic-2 Chittagong W-24 (Static)	1		70	24	52		212	12	11	77	32	98	31	0	0	116	0	735	66	156	152	11	0	0	0	385	829	180	152	11	0	0
"	Mamata Clinic-2, Chittagong W-24 (Satellite Team - 3)		3	139	100	131		299	11	27	98	32	101	56	0	0	79	0	1051	77	275	200	0	0	0	0	558	1137	315	206	0	0	0
"	Mamata Clinic-3, Chittagong, W-26 (Static)	1		0	2	1		5	0	10	20	0	0	24	0	0	153	0	215	18	39	32	8	0	0	0	95	230	44	32	8	0	0
"	Mamata Clinic-3, Chittagong, W-26 (Satellite Team - 3)		3	0	0	0		0	8	2	80	0	0	18	0	0	399	0	516	41	84	70	0	0	0	0	204	612	112	79	0	0	0
"	Mamata Clinic-4, Ctg (Finnji Bazar) (Static) Proposed	1		0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	Mamata Clinic-4, Ctg (Satellite Team - 4) Proposed		4	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
02	Nishkri Clinic 1, Chittagong W-21 (Static)	1		0	0	0		0	22	29	33	2	0	18	0	0	38	0	140	6	0	12	3	0	0	0	21	0	0	12	3	0	0
"	Nishkri Clinic-1, Chittagong, W-21 (Satellite Team - 2)		2	0	0	0		0	0	0	65	13	0	0	0	0	212	0	290	12	152	96	0	0	0	0	260	510	295	96	0	0	0
"	Nishkri Clinic-2, Chittagong W-29 (not yet start) Static	1		0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	Nishkri Clinic-2, Chittagong, W-29 (Satellite Team-2+1)		3	1	1	5		28	36	56	5	28	0	18	0	0	541	0	715	1	34	58	0	0	0	0	93	5	83	58	0	0	0
"	Nishkri Clinic-3, Chittagong W-18 (Static)	1		24	6	57		48	78	45	80	27	44	74	0	50	126	23	682	2	15	87	2	0	0	0	106	24	43	87	2	0	0
"	Nishkri Clinic-3, Chittagong, W-18 (Satellite Team - 2)		2	0	0	0		0	10	3	38	4	0	59	0	12	180	10	316	7	28	99	0	0	0	0	132	228	75	95	0	0	0
"	Nishkri Clinic-4 Patharghata Ctg W-33 (Static)	1		0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	Nishkri Clinic-4 Patharghata Ctg W-33(Satellite Team-2)		2	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
03	Image Clinic 1, Chittagong W 06 (Static)	1		57	23	42		180	96	17	150	36	76	53	0	167	10	2	911	22	51	41	4	0	0	0	118	620	174	116	4	0	0
"	Image Clinic-1, Chittagong, W 06 (Satellite Team-2)		2	40	17	0		120	53	11	129	31	29	27	0	255	21	0	733	46	159	83	0	0	0	0	287	868	329	183	0	0	0
"	Image Clinic 2 Chittagong W-02 (Static)	1		5	4	2		18	73	32	37	6	24	64	0	135	23	2	425	20	100	26	0	0	0	0	146	416	180	38	0	0	0
"	Image Clinic-2 Chittagong, W-02 (Satellite Team-2)		2	81	37	62		258	99	25	183	49	122	193	0	150	21	0	1278	43	119	85	2	0	0	0	249	1074	283	218	2	0	0
"	Image Clinic 3 Chittagong W 04 (Proposed) Static	1		0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	Image Clinic-3, Chittagong, W-04 (Satellite Team-1)		1	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	Image Clinic-4, Cox's Bazar, W-02 (Static)	1		0	0	0		0	0	0	2	0	0	0	0	0	23	0	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	Image, Clinic-4, Cox's Bazar, W-02 (Satellite Team-1)		1	0	0	0		0	0	0	15	0	0	4	0	14	55	0	88	3	21	4	0	0	0	0	28	36	21	4	0	0	0

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14

Non-Financial Clinical Performance

Static Clinic and Satellite Teams Shown separately

3rd Quarter (Feb.98 to Mar.98)

04	Proshanti Clinic-1, Noakhali, W-01 (Static)	1	5	2	10	30	21	45	25	10	34	18	0	20	448	0	688	14	57	162	0	0	0	0	233	288	114	162	0	0	0
"	Proshanti Clinic-1, Noakhali, W-01 (Satellite Team-1)	1	0	0	0	60	10	83	45	10	0	28	0	34	1450	0	1698	41	165	200	0	0	0	0	406	400	246	200	0	0	0
"	Proshanti Clinic-2, Chowmuhani, W-03 (Static)	1	9	15	33	0	28	24	29	26	14	45	0	14	67	0	306	9	27	120	1	0	0	0	157	197	74	120	1	0	0
"	Proshanti Clinic-2, Chowmuhani, W-03 (Satellite Team-1)	1	0	0	0	0	7	19	42	11	0	25	0	3	125	0	232	17	25	58	0	0	0	0	100	556	61	58	0	0	0
"	Proshanti Clinic-3, Lakshmpur, W-03 (Static)	1	0	0	0	0	3	5	10	1	2	10	0	23	0	0	54	5	18	3	0	0	0	0	26	42	22	3	0	0	0
"	Proshanti Clinic-3, Lakshmpur, W-03 (Satellite Team-2)	2	0	0	0	0	2	2	5	2	0	2	0	4	0	0	17	6	35	10	0	0	0	0	51	54	38	10	0	0	0
"	Proshanti Clinic-4, Feri, W-02 (Static)	1	32	42	109	183	18	1	29	0	70	11	0	0	30	0	525	5	53	40	2	0	0	0	100	120	155	210	3	0	0
"	Proshanti Clinic-4, Feri, W-02 (Satellite Team-1)	1	0	0	0	0	0	0	2	0	0	0	0	0	7	0	9	0	19	19	0	0	0	0	38	0	55	15	0	0	0
05	CAMS Clinic-1, Chandpur, W-03 (Static)	1	3	1	9	10	85	67	32	16	19	56	0	20	154	2	474	32	75	39	3	0	0	0	149	788	225	35	2	0	0
"	CAMS Clinic-1, Chandpur, W-03 (Satellite Team-2)	2	40	24	14	66	86	87	256	62	60	106	0	25	290	0	1126	190	888	441	0	0	0	0	1519	4560	2864	441	0	0	0
"	CAMS Clinic 2 Brahmanbana W-01 (Static)	1	5	0	8	4	7	6	13	0	11	5	0	0	91	3	153	9	22	48	0	0	0	0	77	228	62	91	0	0	0
"	CAMS Clinic-2, Brahmanbaria, W-01 (Satellite Team-2)	2	0	0	0	0	19	108	44	10	0	9	0	0	177	128	509	63	141	35	0	0	0	0	239	816	202	35	0	0	0
"	CAMS Clinic 3 Comilla, W-03 (Static)	1	0	3	2	5	14	3	16	1	1	10	0	0	28	0	83	4	34	22	0	0	0	0	60	96	77	22	0	0	0
"	CAMS Clinic-3, Comilla, W-03 (Satellite Team-2)	2	2	2	10	8	3	0	81	3	4	1	0	0	88	0	202	15	253	203	0	0	0	0	471	308	449	203	0	0	0
"	CAMS Clinic-4, Laksam, W-02 (Static)	1	0	0	0	0	18	0	14	7	0	1	0	0	48	0	88	6	18	5	0	0	0	0	29	144	54	5	0	0	0
"	CAMS Clinic-4, Laksam, W-02 (Satellite Team-1)	1	0	0	0	0	0	0	10	3	0	0	0	0	14	0	27	5	43	23	0	0	0	0	71	120	126	23	0	0	0
06	SSKS Clinic-1 Syhet, W-03 (Static)	1	2	5	1	0	40	2	17	1	3	25	0	0	61	0	157	6	8	4	0	0	0	0	18	85	19	4	0	0	0
"	SSKS Clinic-1, Syhet, W-03 (Satellite Team-3)	3	0	0	0	0	69	17	61	4	0	53	0	0	248	1	453	6	5	9	0	0	0	0	19	72	7	5	0	0	0
"	SSKS Clinic 2 Hobiganj W-03 (Static)	1	40	22	25	87	2	0	10	1	20	0	0	0	66	0	273	15	80	98	0	0	0	0	183	456	146	98	0	0	0
"	SSKS Clinic-2, Hobiganj, W-03 (Satellite Team-1)	1	0	0	0	0	0	0	1	0	0	0	0	0	11	0	12	6	23	31	0	0	0	0	60	168	104	27	0	0	0
"	SSKS Clinic 3 Moulvibazar, W-02 (Static)	1	16	11	51	0	10	3	7	2	21	13	0	24	70	1	231	3	21	88	1	0	0	0	111	84	44	86	1	0	0
"	SSKS Clinic 3 Moulvibazar, W-02 (Satellite Team-1)	1	0	0	0	0	0	0	8	3	0	0	0	24	21	0	58	13	24	1	0	0	0	0	38	204	36	1	0	0	0
"	SSKS Clinic 4 Sunamganj W-02 (Static)	1	0	0	0	0	1	1	0	0	0	3	0	26	8	0	39	2	2	0	0	0	0	0	4	0	0	0	0	0	0
"	SSKS Clinic-4, Sunamganj W-02 (Satellite Team-1)	1	0	0	0	21	7	19	13	0	1	29	0	77	101	0	277	18	32	0	0	0	0	0	50	0	0	0	0	0	0
07	CWFP Dhaka Clinic-1, Labagh, W-61 (Static)	1	63	42	53	172	153	51	111	3	21	30	0	47	826	0	1572	102	64	556	145	0	0	0	887	2198	135	556	30	0	0
"	CWFP Dhaka Clinic-1, Labagh, W-61 (Satellite Team-2)	2	0	0	0	0	81	20	43	12	1	30	0	59	572	6	824	77	62	63	6	0	0	0	208	1400	148	63	0	0	0
"	CWFP Dhaka Clinic 2 Rayerbazar, W-48 (Static)	1	148	83	115	254	185	45	152	23	110	70	0	69	873	1	2128	69	68	326	37	0	0	0	500	1836	200	326	3	0	0
"	CWFP, Dhaka Clinic-2, Rayerbazar, W-48 (Satellite Team-2)	2	0	0	0	2	153	42	85	5	0	29	0	60	759	0	1135	84	141	370	21	0	0	0	616	1608	366	376	1	0	0
"	CWFP Dhaka Clinic-3 Gandaria, W-81 (Static)	1	106	64	91	268	79	16	119	7	84	69	0	8	338	0	1249	123	64	276	66	0	0	0	532	2388	148	275	4	0	0
"	CWFP, Dhaka Clinic-3, Gandaria, W-81 (Satellite Team-3)	3	37	18	25	63	235	60	188	10	13	90	0	41	1395	0	2155	77	133	62	2	0	0	0	274	1528	350	62	0	0	0
"	CWFP Dhaka Clinic-4, Kayettuli, W- (Static)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	CWFP Dhaka Clinic-4, Kayettuli, W- (Satellite Team-2)	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	CWFP Dhaka Clinic-5 Muradpur W- (Static) not yet St	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Non-Financial Clinical Performance

Static Clinic and Satellite Teams Shown separately

3rd Quarter (Feb.98 to Mar.98)

11	BMS Clinic-1, Uttar Chashara, Chandmari W-03 (Static)	1	81	32	39	107	75	17	209	15	38	1	0	0	227	7	936	52	141	189	8	7	7	0	402	1248	360	185	6	0	0
"	BMS Clinic-1, Uttar Chashara, Chandmari W-03 (Satellite Team-3)	3	18	18	20	74	14	2	43	8	355	5	0	0	97	2	854	79	122	106	0	0	0	0	307	1896	244	106	0	0	0
"	BMS Clinic-2 Bhuyan Para, Paikpara W-07 (Static)	1	12	2	16	45	97	9	35	0	40	17	0	150	107	0	530	20	26	32	1	0	3	0	82	266	70	32	1	0	0
"	BMS Clinic-2, Bhuyan Para, Paikpara W-07 (Satellite Team-2)	2	8	1	2	10	6	2	13	0	28	6	0	161	34	0	271	29	31	13	0	0	0	0	73	248	24	13	0	0	0
"	BMS Clinic-3 Tanbazar, Brothel W-08 (Static)	1	5	2	15	12	0	0	24	0	30	38	0	0	104	0	231	821	228	26	0	0	0	0	1075	8556	576	26	0	0	0
"	BMS Clinic-3 Tanbazar, Brothel W-08 (Satellite Team-1)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	BMS Clinic-4 Whison Rd Bandar, Narayangarj W-01 (Static)	1	8	3	14	46	197	23	30	15	25	68	0	70	457	15	970	13	17	33	0	0	0	0	63	312	51	33	0	0	0
"	BMS Clinic-4, Whison Rd Bandar, Ngj W-01 (Satellite Team-3)	3	0	0	0	0	67	0	131	6	0	207	0	0	634	0	1044	61	120	86	0	0	0	0	287	1464	380	86	0	0	0
"	BMS Clinic-5 Mirakpur, Munshingarj W-01 (Static)	1	13	3	5	27	37	48	43	11	5	28	0	17	114	31	380	9	88	170	9	0	0	0	285	558	270	176	6	0	0
"	BMS Clinic-5, Mirakpur, Munshingarj W-01 (Satellite Team-2)	2	0	0	0	0	0	32	38	12	0	0	0	0	81	2	185	22	81	76	0	0	0	0	179	264	240	76	0	0	0
12	CWFP Clinic-1, Kalbari Rd, Mymensingh W-01 (Static)	1	11	14	6	10	40	17	37	4	43	8	0	30	112	2	334	1	15	15	0	0	0	0	31	12	15	15	0	0	0
"	CWFP Clinic-1, Kalbari Rd, Mymensingh W-01 (Satellite Team-2)	2	29	45	23	74	9	6	18	5	58	6	0	36	619	0	932	19	142	77	0	0	0	0	238	336	243	77	0	0	2
"	CWFP Clinic-2, Ajhore Road, Netrokona W-02 (Static)	1	23	4	1	35	18	4	18	0	24	21	0	2	300	0	448	0	38	38	1	0	0	0	75	0	38	37	1	0	7
"	CWFP Clinic-2, Ajhore Road, Netrokona W-02 (Satellite Team-1)	1	0	0	0	0	19	20	11	5	0	0	0	0	0	0	55	0	59	18	0	0	0	0	77	0	59	18	0	0	0
"	CWFP Clinic-3, Thanapara, Tangal W-01 (Static)	1	13	6	24	19	20	5	31	0	15	9	0	105	5	2	254	7	10	50	1	0	0	0	68	192	32	50	1	0	3
"	CWFP Clinic-3 Thanapara, Tangal W-01 (Satellite Team-2)	2	0	0	0	18	23	21	14	7	0	0	0	180	16	0	277	6	31	12	0	0	0	0	49	120	49	12	0	0	3
"	CWFP Clinic-4 Nandanpur, Gopalpur W-03 (Static)	1	6	21	11	223	25	0	12	6	16	32	0	0	0	0	354	26	78	77	3	0	0	0	184	312	80	77	3	0	6
"	CWFP Clinic-4 Nandanpur, Gopalpur W-03 (Satellite Team-1)	1	0	0	0	0	29	0	25	10	0	25	0	0	0	0	95	29	112	65	0	0	0	0	206	346	114	65	0	0	3
"	CWFP Clinic-5 Shabban Bus Std, Gazipur W-01 (Static)	1	14	4	3	7	6	3	35	3	17	10	0	28	20	0	152	4	2	16	3	0	0	0	25	24	4	16	3	0	11
"	CWFP Clinic-5, Shabban Bus Std, Gazipur W-01 (Satellite Team-2)	2	0	0	0	0	3	2	10	0	0	2	0	32	25	0	74	23	82	24	0	0	0	0	108	278	68	24	0	0	2
13	Malancha Clinic-1, Madhabpur, Sherpur W-02 (Static)	1	93	40	53	219	52	19	84	1	181	19	0	0	159	0	900	9	149	193	5	0	0	0	356	240	459	193	5	0	0
"	Malancha Clinic-1 Sherpur W-02 (Satellite Team-2)	2	0	0	0	20	21	29	0	0	0	16	0	0	114	0	200	18	220	29	0	0	0	0	287	444	666	29	0	0	0
"	Malancha Clinic-2 Dayamoyee Mour, Jamalpur W- (Static)	1	56	32	32	173	47	93	89	7	89	63	0	0	143	0	824	22	84	115	1	0	0	0	222	349	210	115	1	0	0
"	Malancha Clinic-2, Jamalpur W- (Satellite Team-3)	3	0	0	0	0	18	24	34	9	0	40	0	16	196	0	337	64	294	194	0	0	0	0	572	928	705	194	0	0	0
"	Malancha Clinic-3 Hospital Rd Shartshaban W- (Static)	1	0	0	0	0	5	0	0	0	0	0	0	0	0	0	5	5	0	0	0	0	0	0	5	110	0	0	0	0	0
"	Malancha Clinic-3 Shartshaban W- (Satellite Team-2)	2	0	0	0	0	45	6	16	0	0	0	0	6	74	0	146	11	35	0	0	0	0	0	46	120	99	0	0	0	0
14	VFWA Clinic-1, Akpur, Faridpur W-01 (Static)	1	49	24	132	164	38	6	61	1	105	52	0	0	141	0	773	39	99	174	21	0	0	0	333	612	150	174	7	0	0
"	VFWA Clinic-1, Akpur, Faridpur W-01 (Satellite Team-2)	2	0	2	4	6	0	12	15	0	40	0	96	0	25	0	213	35	176	74	0	0	0	0	285	456	193	74	0	0	0
"	VFWA Clinic-2, Bhabanpur, Rajbari W-03 (Static)	1	22	10	51	2	33	11	111	6	38	64	0	19	257	1	625	14	27	63	2	0	0	0	106	17	47	63	0	0	0
"	VFWA Clinic-2, Bhabanpur, Rajbari W-03 (Satellite Team-1)	1	0	0	0	6	0	6	14	8	0	0	0	9	32	0	77	31	112	61	0	0	0	0	194	34	138	51	0	0	0
"	VFWA Clinic-3 T&T Road Madanpur W-02 (Static)	1	0	0	0	0	15	16	24	8	0	0	0	0	24	0	87	2	6	42	2	0	0	0	52	28	11	42	1	0	0
"	VFWA Clinic-3, T&T Road, Madanpur W-02 (Satellite Team-2)	2	0	0	0	0	0	0	26	0	0	0	0	0	0	0	26	10	17	32	0	0	0	0	59	204	29	33	0	0	0
"	VFWA Clinic-4 Thanapara, Gopalgarj W-01 (Static)	1	0	0	0	0	24	12	21	0	13	1	0	0	52	20	143	73	128	38	1	0	0	0	240	900	300	38	0	0	0

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Non-Financial Clinical Performance

Static Clinic and Satellite Teams Shown separately

3rd Quarter (Feb.98 to Mar.98)

19	Dipshikha Clinic-1, Adavshapara, Jhenidha W-02 (Static)	1	24	4	28	50	59	25	51	1	30	41	0	0	162	0	473	58	137	242	3	0	0	0	438	1020	277	242	1	0	2	
"	Dipshikha Clinic-1, Jhenidha W-02 (Satellite Team-2)	2	0	0	0	0	15	6	6	0	0	0	0	0	101	0	136	31	187	128	0	0	0	0	348	384	270	128	0	0	0	
"	Dipshikha Clinic-2, Thanapara, Darsana W-03 (Static)	1	16	3	14	0	0	13	28	0	41	35	0	141	0	0	291	23	29	49	0	0	0	0	101	276	29	45	0	0	0	
"	Dipshikha Clinic-2, Thanapara, Darsana W-03 (Satellite Team-1)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
"	Dipshikha Clinic-3, Besides Police St Meherpur W-06 (Static)	1	9	9	11	13	0	1	58	0	29	5	0	52	0	0	187	17	59	476	0	0	0	0	552	372	91	476	0	0	0	
"	Dipshikha Clinic-3, Meherpur W-06 (Satellite Team-2)	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	10	0	0	0	0	21	72	12	10	0	0	0	
"	Dipshikha Clinic-4, Mozampur, Kusla W-03 (Static)	1	0	0	0	0	0	0	5	0	0	0	0	4	0	0	9	13	18	5	0	0	0	0	36	192	23	5	0	0	0	
"	Dipshikha Clinic-4, Mozampur, Kusla W-03 (Satellite Team-1)	1	0	0	0	0	0	0	14	0	10	0	0	0	0	0	14	76	134	28	0	0	0	0	240	1010	137	28	0	0	0	
"	Dipshikha Clinic-5, Chudanga W-03 (Static)	1	0	0	0	0	5	7	52	11	0	15	0	131	0	0	221	68	56	48	0	0	0	0	173	1176	168	49	0	0	0	
"	Dipshikha Clinic-5, Chudanga W-03 (Satellite Team-0)	0	0	0	0	0	4	5	45	2	0	23	0	22	0	0	101	157	480	792	0	0	0	0	1418	2718	716	792	0	0	0	
20	PSSS Clinic-1, Velanagar, Narsingdi W-01 (Static)	1	35	24	28	0	6	34	114	13	88	11	0	8	98	3	462	17	19	128	6	0	0	0	170	956	40	126	6	0	0	
"	PSSS Clinic-1, Velanagar, Narsingdi W-01 (Satellite Team-3)	3	4	0	11	0	24	85	71	34	86	10	0	142	812	0	1259	248	148	142	3	0	0	0	541	6084	360	142	3	0	0	
"	PSSS Clinic-2, Bharabpur, Bharab W-01 (Static)	1	25	8	49	7	38	12	40	10	14	1	0	38	44	28	310	18	43	33	0	0	0	0	94	168	94	0	0	0	0	
"	PSSS Clinic-2, Bharabpur, Bharab W-01 (Satellite Team-2)	2	0	0	0	0	0	0	52	21	0	0	0	10	0	24	107	49	225	35	0	0	0	0	309	608	517	0	0	0	0	
"	PSSS Clinic-3, Ulapara, Kishoreganj W-01 (Static)	1	10	1	25	9	3	2	40	18	17	8	0	28	24	1	185	11	30	18	0	0	0	0	59	0	0	0	0	0	0	
"	PSSS Clinic-3, Ulapara, Kishoreganj W-01 (Satellite Team-1)	1	0	0	0	0	0	0	80	25	0	0	0	29	87	0	181	4	0	8	0	0	0	0	21	84	14	0	0	0	0	
21	ASKS Clinic-1, Salgara Pabna W-03 (Static)	1	150	150	149	183	51	29	78	4	107	21	0	90	171	1	1184	18	76	232	2	0	0	0	326	500	111	232	2	0	37	
"	ASKS Clinic-1, Salgara Pabna W-03 (Satellite Team-2)	2	0	0	0	48	4	44	42	33	0	63	0	12	742	0	986	48	89	68	0	0	0	0	205	635	116	68	0	0	0	
"	ASKS Clinic-2, Munirampur, Shahjaddpur W-02 (Static)	1	0	0	0	0	0	53	56	5	0	88	0	314	0	7	521	14	43	224	3	2	0	0	286	240	87	224	3	0	0	
"	ASKS Clinic-2, Munirampur, Shahjaddpur W-02 (Satellite Team-2)	2	0	0	0	0	0	0	26	4	0	0	0	0	0	0	30	31	35	141	0	0	0	0	207	330	73	141	0	0	0	
"	ASKS Clinic-3, Pearpur, Court Rd, Ishwardi W-01 (Static)	1	15	16	16	52	16	9	9	3	39	23	0	108	0	0	306	12	31	47	2	0	0	0	92	138	34	47	2	0	0	
"	ASKS Clinic-3, Pearpur, Court Rd, Ishwardi W-01 (Satellite Team-1)	1	0	0	0	0	256	0	10	0	0	0	0	0	0	0	266	65	151	215	0	0	0	0	431	155	165	215	0	0	0	
"	ASKS Clinic-4, Sraigonj W-02 (Static)	1	46	46	48	0	0	0	16	11	43	0	0	0	16	0	228	24	40	50	0	0	0	0	114	180	200	50	0	0	0	
"	ASKS Clinic-4, Sraigonj W-02 (Satellite Team-2)	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	UPGMS/B Clinic-1, Surhnagar, Gabandah W-01 (Static)	1	24	25	81	22	19	20	27	26	88	4	0	131	53	13	491	60	67	44	12	0	0	0	183	720	156	44	12	0	0	
"	UPGMS/B Clinic-1, Surhnagar, Gabandah W-01 (Satellite Team-2)	2	0	0	0	150	35	33	78	71	0	4	0	353	138	12	770	85	145	11	0	0	0	0	241	1020	360	11	0	0	0	
"	UPGMS/B Clinic-2, Chanmari Road, Bagra W-04 (Static)	1	12	2	7	17	21	39	27	1	28	11	0	315	20	26	527	19	61	40	7	0	0	0	127	228	86	40	7	0	0	
"	UPGMS/B Clinic-2, Chanmari Road, Bagra W-04 (Satellite Team-3)	3	0	0	0	0	19	64	22	18	0	9	0	53	620	17	858	18	69	187	0	0	0	0	272	192	81	187	0	0	0	
"	UPGMS/B Clinic-3, Tajar Mor, Stadium Rd, Joypurhat W-1 (Static)	1	0	1	5	1	40	47	43	29	10	7	0	297	49	34	563	20	25	49	0	0	0	0	94	240	25	49	0	0	0	
"	UPGMS/B Clinic-3, Joypurhat W-1 (Satellite Team-2)	2	0	0	0	0	60	60	49	34	0	8	0	391	83	50	695	31	28	41	0	0	0	0	100	372	32	41	0	0	0	
23	UPGMS/R Clinic-1, Mutatole, Rangpur, W-02 (Static)	1	18	6	44	68	24	7	110	13	43	427	0	65	2	2	829	33	127	277	1	0	0	0	438	224	175	277	1	0	0	
"	UPGMS/R Clinic-1, Mutatole, Rangpur, W-02 (Satellite Team-2)	2	18	7	43	68	24	7	100	14	43	428	0	66	3	2	832	33	127	277	2	0	0	0	439	224	176	277	2	0	0	
"	UPGMS/R Clinic-2, Babupura, Rangpur W-04 (Static)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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