

PD-ABT-539  
109388

**Urban Family  
Health Partnership  
Non-Financial  
Performance  
October-1999 to  
March 2000**

**Semi-annual  
Performance Report**

**Submittal to  
USAID, Dhaka**

**May 2000**

**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  
Level 2, Progress Tower  
Road 23, Gulshan 1, Dhaka**

**Contents**

	<b>Page</b>
<b>A. Progress on the 1999/2000 Work Plan and Priorities to September 2000</b>	<b>3</b>
<b>B. Selected Performance Indicators</b>	<b>14</b>
<b>C. Recent Customer Feedback</b>	<b>22</b>
<b>D. Collaboration with GOB to date</b>	<b>22</b>
<b>E. Outstanding Strategic Issues to be Resolved</b>	<b>23</b>
<b>F. Pipeline Analysis</b>	<b>24</b>
<b>G. Monitoring and Evaluation Activities</b>	<b>24</b>

**Attachment A – Non-financial Performance Data, by Clinic, March 2000**

**Attachment B – Selected Monthly Indicators of IR Performance**

## **A. Progress on 1999/2000 Work Plan and Priorities to September 2000**

Progress against UFHP's 1999/2000 work plan is best assessed with reference to the 43 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 from the period to September 2000, where these are worth special emphasis or differ significantly from the plan, are also noted.

### **1. NGOs' ESP Strengthening**

#### ***Action Plan 1a – Adolescent Health***

The Adolescent Health Programme (AHP) started its pilot implementation in June 1999 in 16 clinics.

UFHP, in collaboration with the Population Council Global OR project, is currently conducting an adolescent health baseline survey in three B category municipal areas (including one control area). ORP is also assisting with the implementation of baseline surveys in three other areas (two A category and one C category). Both PC and ORP have completed the first phase of baseline (enumeration of adolescents), which is expected to be complete in May 2000 after delays caused by internal ORP constraints. 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.

As per plan, after six months of implementation, 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 is under modification, with a target completion date of June 2000. Subsequently, a gradual expansion of the programme will be possible.

Among the new BCC/Marketing materials that have been developed and produced in support of the AHP are a laminated card which outlines the AHP objectives to build support among teachers and gatekeepers, and a flipchart containing information on adolescent issues for use by service providers during individual and non-formal group counseling sessions.

#### ***Action Plan 1b – Adult Male Involvement in FP***

The Male Involvement Program concept was developed and finalized in November 1999, and the NSV programme was successfully rolled-out in October 1999 (see action plan 1h). The strategy and the campaign plan for BCC support for NSV and other male involvement efforts is completed, and message and materials are currently being field-tested. Among the BCC/M materials being developed in support of this campaign are brochures, flipcharts, group meeting facilitation guidelines and materials, banners, and posters. The expected completion date for these BCC/M support materials is May 2000.

The counselor curriculum is currently being amended to include a couple counseling component. The next round of counselor training, to be held in July 2000, 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. The Honorable State Minister for Health and Family Welfare formally launched the project at well-publicized ceremony in Dhaka in January 2000. Similar programme dissemination ceremonies were held in Chittagong and Khulna in February and March 2000 respectively.

To date, five types of BCC materials have been developed to support the HIV/AIDS programme. 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 will initiate an awareness survey in all sites beginning in June, 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 review of HIV/AIDS project sites has been pushed back to May 2000 to allow the program sufficient time to become established.

HIV/AIDS communication and counseling training for total of 117 clinic counselors, SSPs, SPs and HIV/AIDS counselors of intervention clinic was completed in October 1999.

### *ANC syphilis screening*

Twenty-six clinics from 18 NGOs were selected to participate in the ANC syphilis screening pilot programme which was started in September 1999. Prior to the beginning of the pilot, all doctors and paramedics were trained in RPR testing procedures. In the past six months, 851 pregnant women were screened in the participating UFHP clinics, and 21 of these screened positive for syphilis and are now under treatment. Interestingly, of these 21 test positive cases, 10 were customers in Khulna. Mongla clinic, a high-risk area due to the port and brothels found there; 5 of the 10 Khulna, Mongla customers were commercial sex workers.

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 will collaborate on a study to assess the validity of syndromic management protocols for vaginal discharge. The study will be conducted in 3 clinics (PSKP – Tejgoan, Shajadpur and Manikdhi). Laboratory facilities will be established in these clinics by ORP, and UFHP will recruit 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 is planned to start 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 the referral of the first plan A diarrhoeal patients began in March 2000. The PSKP clinic is currently managing Plan A and uncomplicated Plan B diarrhoeal 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 clinic began charging for services from the end of March 2000. This is a significant development in ICDDR,B policy which will greatly impact the long-term sustainability of ICDDR,B activities.

The positioning strategy for ICDDR,B's Child Health activities is expected to begin next month, and a consultant for this exercise has been identified. 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 diarrhoeal 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***

There was no considerable progress in quality improvement implemented by FPAB. Therefore, based on recommendations from a local consultant, the project design was changed from a quality improvement to a service delivery project. The service delivery project proposal has been sent to USAID for approval.

#### ***Action Plan 1f – Formalising 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. Upon finalisation, the prequalification criteria will be circulated to all UFHP clinics so that they may prequalify referral centers in their area. Once this process is complete, approximately 22 UFHP clinics with the most viable referral centers (as measured on a pre-established scoring system) will be selected to begin the program. A workshop will then be organised with the participation of the Clinic Managers from those 22 UFHP clinics and the concerned GOB officials from the DGHS in July 2000.

#### ***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. Once these two issues have been resolved, and the protocol has been finalized and disseminated, UFHP will start using the protocol throughout its network and will begin training of pilot clinic staff.

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

#### ***Action Plan 1h – Long Term FP Project***

The NSV/Norplant pilot 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.

Further expansion of the NSV/Norplant program is on hold pending review of activities at current project sites and development of a strategy by UFHP 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.

An external agency has been selected through a competitive bidding process to conduct research into customer perceptions of IUDs. The study is expected to be complete in June 2000.

BCC materials in support of the existing NSV and Norplant projects are currently being pre-tested and a June 2000 dissemination date is expected. In addition, BCC materials to be used in community group meetings to increase IUD awareness/acceptance are also in the process of being developed; these will be ready for distribution by the end of June 2000. Portable banners for satellite clinics will be available by the end of May 2000. Development of supplementary BCC/M materials for IUD awareness/acceptance will begin in earnest once the results of the customer perceptions study are in. Wall charts containing comprehensive information on all FP methods have been supplied to all static clinics, to allow for maximum customer method choice.

A working group has been formed to develop a plan to deal with “missed opportunities”. A checklist for counselors to aid in the identification of missed opportunities is being developed and will be field-tested by the end of May 2000. Presently, all customers of reproductive age who visit UFHP clinics receive counseling for FP methods.

A Reproductive Health Specialist was hired by UFHP in November 1999. She has worked as a roving facilitator since December 1999. In this role she provides on-the-job training (OJT) on RH issues at service delivery sites (such as NSV camps), with a special emphasis on long-term FP methods. The RH Specialist also provides on-the-job training to MOs and Paramedics to facilitate the diagnosis and management of RTI/STD cases.

#### ***Action Plan 1i – Safe delivery pilot 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 and identification of BCC/M support needs, was completed in January 2000. The project concept will be submitted to USAID after finalization, pending input from technical staff at JSI/Boston. It is expected that training of the staff of selected sites will commence in June 2000 and that the project will be formally launched in July 2000.

Materials on ANC, Delivery, and PNC (including such topics as birth planning, nutrition, and danger signs) have been developed for UFHP safe delivery pilot sites in preparation for Safe Motherhood Day on May 28<sup>th</sup>. These 6 clinic sites will hold group meetings for expectant mothers using these materials.

#### *Action Plan 1j – Nutrition project*

The draft proposal for strengthening the nutrition component of the ESP has been completed, after a delay due to staffing constraints. Presentation to USAID was scheduled to take place at the end of April, but was postponed until May at USAID's request. If approved, plans are to start the first phase of implementation in 7 NGOs (type A clinics only) in 3 cities by July 2000.

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.

#### *Action Plan 1k – Expansion of ESP availability*

An ESP expansion activity proposal has been developed in consultation with USAID. The proposal sets forth a two-prong plan for UFHP programme expansion. The first strategy involves broadening the reach of current programme activities through: 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. UFHP is also developing plans to expand beyond the current program. Possible strategies include introducing UFHP clinics in new localities and working directly with municipal governments to provide ESP services. These plans are in the formative stages, and will be finalized in consultation with USAID.

#### *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 7<sup>th</sup> 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.

## **2. GOB Networking**

### ***Action Plan 2a – BUSTTHI 100 Slums Initiative***

The BUSTTHI project continues to be an excellent example of collaboration between GOB and UFHP. The Directorate of Family Planning has supplied DDS kits to the Initiative, and the BCC Unit of the GOB has provided media support to the effort.

The payoff from this collaboration is the large number of customers that continue to be reached: In the six months covered by this semi-annual report, the 4 UFHP clinics managing BUSTTHI satellite teams reported seeing an average of over 2,000 customers per month through these teams. BUSTTHI satellite team performance in terms of number of customers served is on par with numbers achieved by UFHP's best-performing static clinics.

Because of the GOB's new informal policy of discouraging programs which could be seen as encouraging BUSTTHI, UFHP has folded this highly successful program into its existing service delivery program while maintaining its innovative character.

### ***Action Plan 2b – MOHFW – Urban TB initiative***

GOB training of UFHP staff was pushed back due to delays in the signing of the MoU between UFHP and the MOHFW. A WHO consultant is currently working to facilitate this process so that work may begin three pilot Chittagong sites. It is expected that the agreement will be signed in May 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 Co-ordination 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 paper has not yet been presented. Work on preparing the ESP training curriculum for pourashavas is on hold pending consensus on their role.

## **3. Private Sector Networking**

### ***Action Plan 3a – Clinic Franchising Pilot***

Two consultants began a phase-by-phase franchising consultancy in November 1999. In the first two phases of the work, which have already been completed, the consultants identified and ranked franchising options and selected target areas. Currently phase 3 is underway, and it is anticipated that the work will be completed and the final report submitted to USAID in May or early June, 2000.

### *Action Plan 3b – SMC expansion of commodity sales*

The joint SMC/UFHP review is currently underway and initial outcomes indicate that there is a huge potential to expand and replicate the programme in other clinics, especially in those clinics which have been selected for HIV/AIDS programme. UFHP has asked its NGOs to utilise the RDF to insure that SMC commodities are available in all UFHP clinics.

### *Action Plan 3c – Industrial Workers' Health Scheme*

UFHP has been unable to begin this programme to date. However, UFHP NGOs have been encouraged to target industrial workers (particularly garment workers) through their programs in the interim. UFHP is developing a comprehensive plan for introducing an industrial workers' scheme through its NGOs. This activity will be incorporated in to the activities of selected NGOs in the next cycle of funding beginning in August 2000.

## **4. BCC/Marketing**

### **National BCC Strategy**

#### *Action plan 4a – b*

The draft of the National BCC Strategy was prepared in August 1999, and is on hold pending a consensus building workshop to be held at the MOHFW. The GOB HIV/AIDS strategy is on hold pending formal approval by MOHFW. In the meantime, UFHP has drafted a plan to support National HIV/AIDS BCC activities. UFHP's plan encompasses the design and development of billboards and bellsigns in 4 city corporations under the umbrella of the National HIV/AIDS strategy implementation plan for the year 1999-2000.

In line with the National HIV/AIDS strategy, UFHP has undertaken activities to support the UFHP HIV/AIDS programme, including the development and dissemination of laminated provider cards and informational pamphlets. In addition, community group meeting materials on HIV/AIDS have also been developed and disseminated to HIV/AIDS programme NGOs. 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 daylong orientations targeting SSPs and SPs. Other HIV/AIDS BCC activities slated for this year include street dramas focusing on vulnerable populations, and video and audio cassettes targeting HIV/AIDS prevention.

UFHP's BCC and Marketing strategy has been finalised and a corresponding action plan has been developed. The campaigns are well underway. However, the inability to access free airtime from the GOB is still presenting an obstacle to strengthening UFHP's media presence. UFHP is currently exploring the option of utilizing private media channels in addition to the GOB alternative.

Over the past six months, a number of materials focusing on various ESP components, as well as on clinic promotion, have been developed. In addition, a Tiaht wall chart designed to stress the availability of a wide range of methods at each UFHP clinic and to promote method choice has been developed and distributed to the clinics. UFHP is also in the process of field testing a counselor's checklist designed to prevent missed opportunities. A set of guidelines on at-home follow-up has also been developed and provided to all NGOs.

Following the basic course on BCC/M which was held in November-December 1998, each clinic has developed their own BCC/M plan with support from UFHP. Currently, all UFHP clinics are running local-level jolts to build demand for and awareness of their services. A comprehensive, detailed BCC/M checklist, designed to monitor and support such local BCC activities, has been field tested and is being finalised.

As a part of an effort to build local BCC/M capacity, a needs assessment survey was conducted in all clinics to develop and design a curriculum for the second round of BCC/M training for service promoters and senior service promoters. The curriculum development process is underway and it is expected that the first batch of BCC/M Refresher Training will take place at the end of May 2000, after the local jolt is over.

## **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 checklists in December 1999. As of the end of March 2000, four out of the remaining 5 manuals were finalised and disseminated; these are the technical standards and manuals on Child Health, Maternal Health, RTI/STDs, and the Infection Prevention Pictorial Job Aid. The revised manual on Family Planning is still awaiting approval from the concerned Technical Committee. Also awaiting Technical Review Committee approval are 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 Visits***

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 Finance Team were prepared according to the proposed timeline. Once finalised, field testing will begin. The NLO visit recording system has been designed and is currently under review.

## **6. ESP Technical Training**

### ***Action Plan 6a – Basic Tubectomy course***

The government has already developed and is using a training curriculum for the tubectomy course. A working group is currently reviewing the curriculum to facilitate its approval by the

NIPHP Training Management Group. The same curriculum will be used for training the service providers in UFHP clinics. Nine clinics have been identified for the Tubectomy pilot, and training will be provided to selected NGO Medical Officers and paramedics through the AITAM and the Mohammadpur Fertility Services and Training Centre using the TMG-approved materials. The training will be completed by July 2000.

#### ***Action Plan 6b – Basic Safe Delivery Course***

The basic safe delivery course is part of the safe delivery pilot project (Action Plan 1i). The pilot project is still in its conceptual stage. Therefore, development of the safe delivery course curriculum has been delayed. It is expected that training of the staff of selected sites will commence in May 2000 and the project will be formally launched in July 2000.

#### ***Action Plan 6c – RDU Roll Out***

The first MTP module on the RDU dealing with standard prescription forms was field tested in October 1999 and is now practised by the paramedics and doctors of all the NGOs. The second MTP module on RDU (ARI prescription writing) was field tested in March 2000 and will be finalised in May 2000. The third MTP module on RDU (Use of antibiotics) is currently under development. UFHP expects to complete the roll out of all 3 MTP modules on RDU by June 2000.

#### ***Action Plan 6d – Ongoing basic/refresher technical courses***

QIP and PRIME have developed the refresher training curricula for CH and ORH. Work is continuing on CMT. TOT on the curricula for trainers from pre-qualified training institutions began in March 2000 and the refresher training will start in May 2000. Finalisation of the curricula and initiation of the refresher were pushed back due to delays in the training needs assessment conducted by PRIME and QIP. A draft of UFHP training policies with respect to timing of basic courses and refresher courses has been developed and is in the process of being reviewed.

#### ***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 organisational priorities at the NGO level, and due to the need for conducting unscheduled need-based OJT at a number of UFHP clinics. OJT were provided at Gopalganj, Rajbari, Sarishabari and Manikdi clinics during February-March 2000.

### **7. Management Training**

#### ***Action plan 7a – ESP Management course***

On February 13<sup>th</sup>, 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 have been sent to the Secretary, MOHFW for his due consideration.

Subsequent action (ie. the finalisation of course curricula and the launch of future courses) will be based on the Secretary's decision/directives.

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 municipality 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 will hire a consultant who will develop a simplified strategic planning process and will assist in building the NLOs' capabilities to provide necessary technical input to the NGOs.

#### *Action plan 7c – Human Resource Management Course*

UFHP initially planned to develop a module on developing and implementing 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 programme. Instead, as the issue of human resource development demands a more comprehensive approach, UFHP plans involve a short-term consultant from JSI/Boston with specialty in organisational development in furthering this agenda.

#### *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. The first two batches of 40 Medical Officers were trained at Bogra during February-March 2000. Another 82 Medical Officers were trained in April 2000 at BARD, Comilla.

#### *Action Plan 7e – NGO governance workshop*

An organisational development specialist from JSI/Boston has been identified to design materials on strategic planning for UFHP NGOs. It is expected that the workshop materials will be developed by the end of May 2000, after which the workshop will be launched.

### ***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). The finalisation of UFHP training policies with respect to timing of basic courses and frequency of refresher courses is currently underway. QA visits were conducted to understand the service providers' capacity to put their learning into practice. UFHP HQ's annual retreat was organised in November 1999 according to the schedule.

A needs assessment was conducted to develop and design a curriculum for the BCC/M refresher course. The development of the curriculum is underway. A two-day refresher training for 27 Financial and Administration Officers/Managers from all NGOs was held in April 2000. An additional two batches of the IPC/C course are scheduled for June 2000. After the completion of the basic course, the design of the refresher curriculum will be initiated.

## **8. Research**

### ***Action Plan 8a – NGO performance league tables***

The production of computerised 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 computerised. A short-term computer programmer was hired to develop the computerised NLO checklist. The computer programme has been developed and its finalisation is pending in-house review. After the finalisation of the NLO checklist, the other two checklists (QA checklist and BCC/M checklist) will be developed based on the same principles. The final design of the league tables will take place upon development of the computerized QA and BCC/M checklists.

### ***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. Pending USAID approval of the required external consultant, the formal UFHP pricing policy will be finalised.

### ***Action Plan 8c – Customers and providers perceptions of IUDs***

A TOR was circulated in February 2000 to research agencies inviting proposals for conducting the study. After review of the submitted proposals, one of the agencies has been selected for conducting the study. It is expected that the study will commence in May and the final report will be available by July 2000. The proposal is awaiting USAID's approval.

### ***Action Plan 8d – Clinic-based local research initiatives***

A mailed questionnaire was used to study customer preferences on safe delivery. The findings were analysed and the results shared with JSI, Boston. A safe delivery initiative is being designed using the results of this study as inputs. Data is being collected from NGO

clinics in order to study the customers' preferred opening hours. Further data will be collected through the customer satisfaction study to be conducted from May 2000 in collaboration with ORP. The monthly MIS forms have been modified to capture data on number of customers by service type. This piece of data along with the data on total contacts by service will be used to assess the average contacts per customer at clinics. Reports using the modified MIS will be available from April 2000. Preliminary discussions are underway with ORP to finalise the design of 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 August.

#### *Action Plan 8e – Customer satisfaction monitoring process*

This study will be carried out in collaboration with ORP. The study design has been finalised, and it is expected that the study will commence by May. Based on the study results, a customer satisfaction monitoring methodology for use at clinic level by SSPs will be finalised.

#### *Action Plan 8f – RTI/STD awareness baseline survey*

Because of the large volume of existing data on RTI/STD awareness, UFHP amended this Action Plan to focus more specifically on high-risk groups. A literature review was done to understand the knowledge and behaviours of high-risk groups in Bangladesh. Based on this review, a draft study proposal has been developed to address issues not covered in the other studies.

### **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. Within the reporting period of this semi-annual report, the external auditor did not submit their final report addressing those suggestions.

#### *Action Plan 9b – Monitor strategy implementation*

CWFP and PSTC, JSI R&T's managing partners within UFHP, have developed their long-term strategic plans, their short-term plans, and corresponding budgets. These were reviewed in February. CWFD is implementing its long-term strategic plan. However, after the review, PSTC's budget increased substantially and had to be revised. The revised budget for PSTC has been sent to USAID for approval.

## **B. Selected Performance Indicators**

### **1. Progress Towards Long-term Objectives**

UFHP's principle long-term objective is to deliver the ESP at high quality to urban families. To date, UFHP has focused on its NGOs as the primary service delivery vehicle. Building a strong, high quality NGO service delivery program requires attention to quality improvement, management strengthening, and financial sustainability. In recent months, UFHP has been continuing its transition from an almost total preoccupation with quality (as evidenced by the

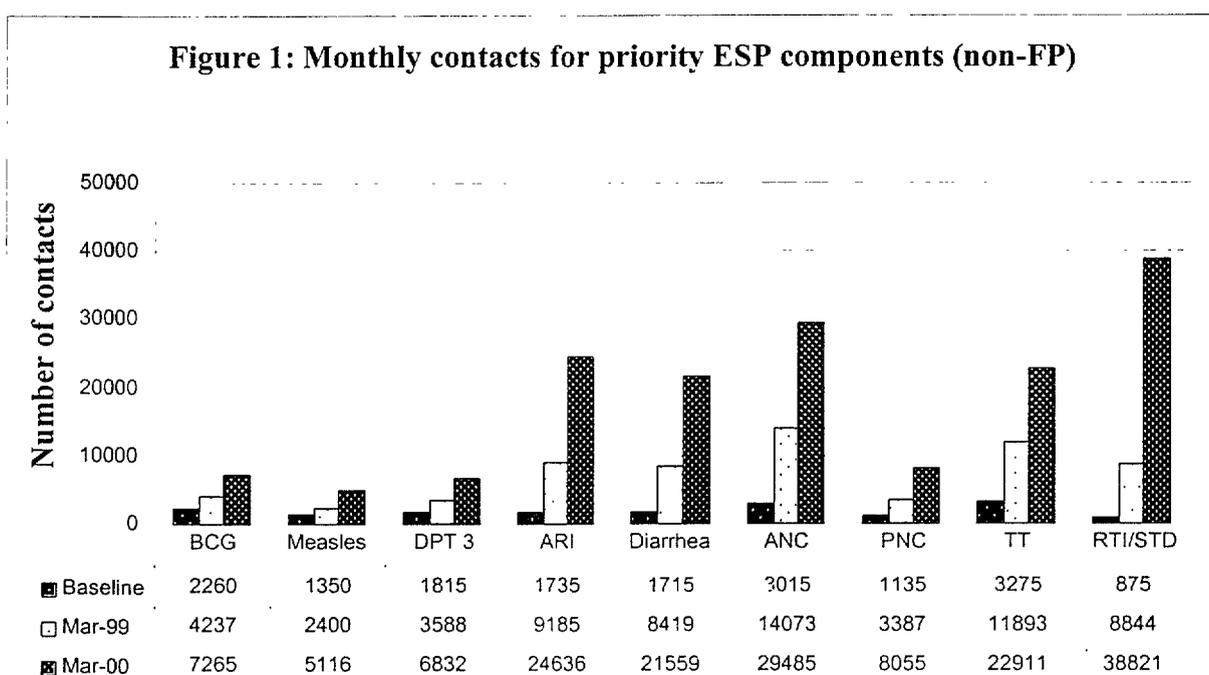
UFHP Quality Comes First campaign) to a more mixed focus on the development of NGO managerial capabilities. Financial sustainability, as measured by cost recovery, has continued to progress well as this transition in focus takes place.

While shifting its focus, UFHP is also looking to expand to meet the needs of a greater number of urban customers. UFHP intends to work both through the NGO channel, as well as through alliances with the government and private sectors, to reach more urban families with high quality ESP services.

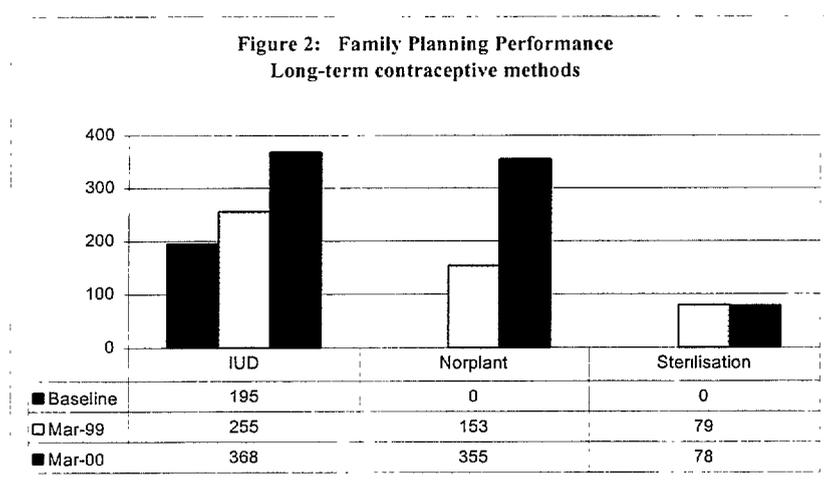
During the last six months, UFHP worked to consolidate existing activities through the service delivery NGOs, both in terms of safeguarding quality and building management capacity, with a view to setting the stage for further expansion. In the coming months, UFHP will move to scale-up its current activities through increasing the frequency of satellite spot visits, adding new satellite teams, upgrading high-volume satellite clinics, as well as through the addition of evening clinics in selected sites. UFHP will also look to move beyond the current network, expanding into new municipalities as yet unserved by UFHP clinics.

## 2. Progress Against NIPHP IR Indicators

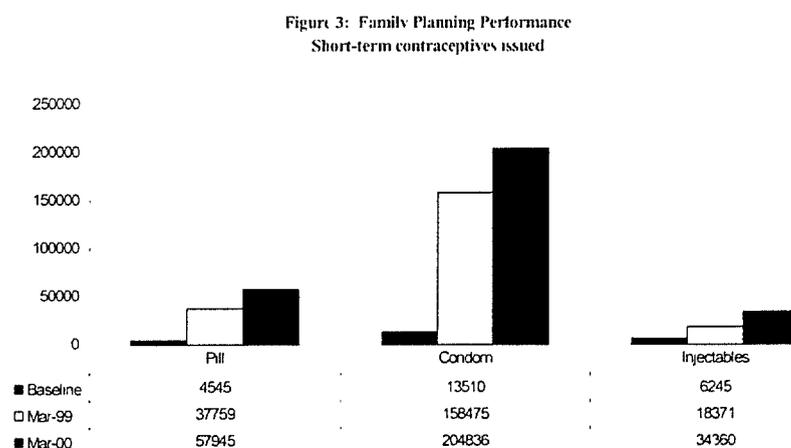
Figure 1 summarises the most recent data on UFHP's performance against selected IR indicators. There has been a substantial increase in the number of contacts for different ESP services in the last year, particularly for ARI, ANC and diarrhoeal diseases, as well as for the different components of reproductive health services. Additional information on UFHP's performance against selected IR indicators is contained in Attachment B to this report.



UFHP is showing increasing success in attracting long-term family planning customers. IUD contacts at UFHP clinics increased by 44% in the past year, and the number of Norplant contacts more than doubled over the same time period (Figure 2). However, the lack of increase in sterilization contacts points to the challenge of providing such services parallel to the GOB program. While a role for UFHP in the provision of high quality sterilization services undoubtedly exists, there is a need to determine the best approach for providing such services given the GOB programmes's policy of making payments to sterilization customers. To date, UFHP feels that the GOB payment mechanism, combined with frequent unavailability of GOB MSR supplies to UFHP clinics, has significantly hindered our performance in terms of the frequency with which we provide sterilization services. In spite of this, we anticipate that sterilization performance will significantly increase in the coming months as new activities in this area are initiated. Meanwhile, UFHP's attention to service quality continues: systems for insuring informed consent and the follow up of customers and complications have been institutionalised.



As shown in Figure 3, the number of short-term family planning commodities issued by UFHP sites has also increased steadily over the life of the programme. Between the period from March 99 – March 2000, the number of condoms distributed by UFHP rose 29%, while the number of pill cycles and injectables distributed rose by 50% and 87% respectively.



### **3. Cost Recovery Performance to Date**

UFHP achieved 13.2% cost recovery in the six months covered by this report. Relevant expenditures (ie: excluding capital equipment and any clinic renovation expenses) totaled Tk 60.2 million; revenue, including both cash and the imputed cost of satellite premises, totaled Tk 7.9 million. This puts UFHP well ahead of its target recovery rate of an average of 7.5% over years 2-5 of the programme.

Three of UFHP's partners organisations -- PSTC, CWFD and PSKP/ICDDR,B -- have successfully negotiated grants from the Government of Japan to support the construction of training and ESP service delivery facilities. USAID Dhaka was actively involved in finalising these grant agreements, which will make significant contributions to the long-term sustainability of the recipient organizations.

### **4. Training Conducted Last 6 Months**

Figure 4 summarises the training conducted under UFHP auspices over the reporting period. A new round of Other Reproductive Health (ORH) and Child Survival Intervention (CSI) trainings for 127 UFHP NGO paramedics and doctors is complete. UFHP, in collaboration with the Training Management Group (TMG), has developed a refresher training curriculum which covers both ORH and CSI. Refresher training courses are now scheduled to start from June 2000.

We have also organized a Clinic Management Training (CMT) for Medical Officers/Clinic Managers and paramedics of all UFHP clinics; the CMT is expected be completed by April, 2000. Training for doctors and paramedics on Norplant and NSV are progressing in close collaboration with the government. UFHP is also working with QIP to finalise a curriculum for tubectomy, and training is slated to begin in July, 2000.

We have also completed a several internal trainings for all UFHP staff . Technical updates were provided on child health, other reproductive health, as well as on quality improvement. UFHP has also used staff development opportunities for its own and partner organizations, sending selected staff on international observation visits, workshops and short courses covering such topics as HIV/AIDS and BCC/Marketing programming.

**Figure 4**  
**Training Conducted under UFHP Auspices within Bangladesh**  
**October 1999 – March 2000**

<b>Name/Description Training Courses</b>	<b>Length</b>	<b>Date</b>	<b>No of Trainees</b>	<b>Type of Trainees</b>
Clinic Management Course	6 Days	February – March 2000	40	UFHP NGO Medical Officers, NLO
Clinical Management Training (CMT)	12 days	October 1999 – March 2000	95	UFHP NGO Paramedics
CMT for Physicians	5 days	October – December 1999	35	UFHP NGO Doctors
Child Survival Intervention Training	12 days	October 1999 – March 2000	44	UFHP NGO Paramedics
Other Reproductive Health (ORH)	10 days	October 1999 – March 2000	45	UFHP NGO Paramedics
Child Survival Intervention Training	12 days	October – December 1999	19	UFHP NGO Doctors
Other Reproductive Health (ORH)	12 days	October – December 1999	19	UFHP NGO Doctors
NSV Training	8 days	October 1999 – March 2000	08	UFHP NGO Doctors
NSV OT Management Training	3 days	October 1999 – March 2000	09	UFHP NGO Paramedics
Norplant Training	5 days	October 1999 – March 2000	07	UFHP NGO Doctors, Counselors/Paramedics
Advances in Family Health and Social Communication Workshop 1999	12 days	February 2000	29	UFHP NGO SSP, GOB and Private sector participants

**Table 4 (cont'd)**  
**Training Conducted under UFHP Auspices within Bangladesh**  
**October 1999 – March 2000**

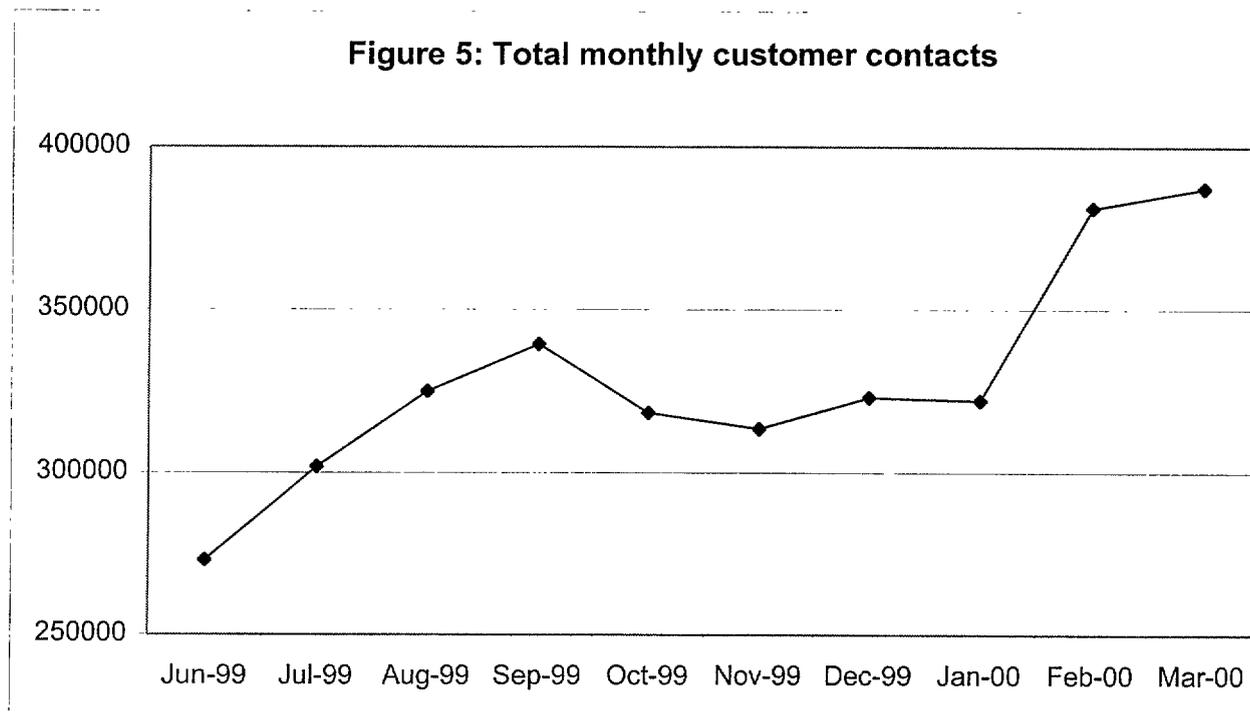
BCC/Marketing	4 days	November 1999	108	UFHP NGO SSPs and SPs
IPC/Counseling	5 days	October 1999	20	UFHP NGO Counselors
HIV/AIDS Communication	4 days	October 1999	08	UFHP SSPs, SPs, HACs, Counsellors
<b><i>Orientation Courses</i></b>				
Orientation on Community Group Meeting	1 day	March 2000	19	UFHP NGO HACs
Orientation on Community Group Meeting	1 Day	March 2000	30	UFHP PDs, SSPs, SPs
HIV/AIDS Programme Launching (Dhaka, Chittagong & Khulna)	1 day	January-February	170	UFHP PD, Volunteers, and Counsellors
UFHP Programme Performance	1 day	January 2000	65	UFHP PD and Volunteers
Workshop on Child & Reproductive Health Service Delivery Updates	4 days	December 1999	16	UFHP NLOs, QAOs, QIP QAOs
Power Point Training	1 day	November 1999	30	UFHP staff

**Legend**

NLO	NGO Liaison Officer
QAO	Quality Assurance Officer
CDO	Clinic Development Officer
SSP	Senior Service Promoter
SP	Service Promoter
HAC	HIV/AIDS Counsellor

## 5. Customer Contacts

The total number of monthly customer contacts reached a peak level of approximately 320,000 in September 1999 and then leveled off (Figure 5). In the early part of this year there was another sharp increase, with the total number of contacts reaching more than 380,000 in February and March, 2000.



## 6. Publications Last 6 Months

UFHP has either commissioned or directly published and/or disseminated the following reports in the last 6 months.

- 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;
- Report on PFA Data by Sarah Littlefield and Ellen Blair – November 1999;
- RDU/MTP Module 4 – November 1999.

## 7. Special Initiatives Undertaken

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

- Local level project jolt: In the period from September, 1999 to January, 2000, contact numbers at UFHP clinics leveled off. As a result, UFHP organised 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.
- 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 was revised. The project will now aim to provide quality ESP services through 8 FPAB clinics, with an implementation strategy which will follow the UFHP model currently followed by FPAB Khulna cluster.
- 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 has 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. Training of UFHP NGO service providers is planned to start in April.
- UFHP's nutrition programme: We believe that nutrition-related services, while being part of the ESP, represent a critical gap in the current NIPHP service offering. This gap affects UFHP's effectiveness in both child health and maternal health. At the same time, UFHP is about the only national player in urban health currently capable of making a significant impact on this issue. We have opened negotiations with ICDDR,B to take their nutrition improvement protocol into the community through UFHP facilities. Draft concepts are being developed and are expected to be shared with USAID in May 2000 before finalisation.
- 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 in continuous dialogue with QIP, SMC and IOCH to coordinate and supplement each others efforts. Since the start of the project, UFHP has routinely held management committee meetings (involving each of its 3 partners organisations).

### **C. Recent Customer Feedback**

Routine customer surveys by clinic staff, ad hoc contacts by NGO Liaison Officers and other UFHP staff, and the results of recent qualitative research have provided us with the following customer feedback:

- Customers appreciate UFHP quality. UFHP continues to hear extremely positive feedback from customers regarding the quality of its services, the cleanliness of its clinics, and short waiting times. Customers appreciate “first-come, first-served” service.
- Health cards work. UFHP’s newly introduced health cards system seems to be encouraging more one-stop shopping. Health card customers happily report accessing a wide range of services, and cite the card as the motivation for doing so.
- Customers want delivery services. Customers feel there is a serious shortage of safe delivery services in urban areas. They appreciate the quality and professionalism of UFHP’s ANC service; they are then forced to seek help with delivery elsewhere and know they are unlikely to get the same level of quality. UFHP also has resultant difficulty in motivating customers to use the less popular PNC service once the relationship is broken in this way. UFHP is moving to begin Safe Delivery services in several selected clinics where high quality referral centers are available.
- Nutrition information is needed and desired. Customers respond enthusiastically to nutrition-related counseling and information they receive at UFHP clinics, and generally have little knowledge of nutrition. There is great potential for UFHP to make a positive impact on child health here.
- The green umbrella may be confusing. Recent customer feedback suggests that customers may believe that UFHP clinics are GOB clinics because of the green umbrella on UFHP signs. Some customers criticized UFHP for charging for services because they believed the clinics to be GOB clinics, saying that services provided by the Government should be provided free of charge.

### **D. Collaboration with GOB to Date**

UFHP has a good working relationship with GOB both at the centre and in the field. Most NGOs – represented by project directors, doctors and SSPs – now give high priority to field-level relationships. However, commodity supplies are still a stressor: the policy confusion among GOB and municipal authorities regarding charging for ESP services occasionally causes friction on EPI vaccines; injectables remain in short supply everywhere, and the GOB policies on MSR and institutional reimbursement for voluntary sterilisation continue to be a major problem.

Amongst UFHP’s many ongoing areas of collaboration with GOB, we can identify 4 current priority activities:

- BUSTTHI – The project is progressing very well and the initial results are encouraging. However, expansion plans could be negatively impacted the GOB's policy of discouragement towards BUSTTHI-related services (See Action Plan 2a).
- Urban TB programme – UFHP has agreed to cooperate with GOB on launching an urban version of the successful rural TB programme. Chittagong has been selected as the pilot site. Despite long delays, we now expect to sign an MOU with the Directorate of Health in May 2000.
- NSV and Norplant – UFHP has launched NSV service 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. 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.
- UFHP has successfully obtained DTC approval of all its clinics.

#### **E. Outstanding Strategic Issues to be Resolved**

There are 4 main strategic issues concerning UFHP at present, in probable order of priority:

- Shortage of Paramedics – It is increasingly becoming evident that the number of paramedics available through GOB-recognized training institutions will not be sufficient to meet the increasing demand. This situation is resulting quick turn over of trained technical staff. UFHP is working with QIP in resolving this issue through organising 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 us in a short-to-intermediate 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.

- **Shortage of Data:** There is a severe shortage of data with which to compare UFHP's performance. We do not have any comprehensive record of the population in our catchment area. Accordingly, UFHP is planning to develop an inventory of households in its catchment area for ensuring following and coverage for ESP services. It is expected that this database will help UFHP in reaching potential customers in an effective and efficient manner.
- **Airtime for BCC/M:** Under the terms of the SOAG, the MOHFW was to arrange free TV and radio airtime for UFHP's BCC activities. To date, there is no clear indication from the GOB when the mechanism for the provision of this airtime will be in place. Both USAID and BCCP are working to resolve this issue.
- **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 of UFHP and USAID.

#### **F. Pipeline Analysis**

UFHP's project pipeline stood at \$5,673,019 as of 31 March 2000. This pipeline includes USAID obligations totaling \$18,585,513, an amount intended to cover the period from project start-up to 28 Feb 2001 (see Figure 6).

#### **G. Monitoring and Evaluation Activities**

UFHP's monitoring and evaluation activities continue to have the following central components:

- **QA visits to clinics** – QA visits to UFHP clinics continue to be made as in the past in terms of frequency, methodologies, team combinations, etc. The QA checklist has been updated, and now incorporates some new indicators as previously planned.
- **NGO Liaison Officer visits** – The NLOs continue to visit their assigned NGOs once per quarter, using the NLO checklist that was updated in the last year.
- **NLO/QAO joint follow up visits** – Last year, NLOs and QAOs began making joint follow up visits to their assigned NGOs. These joint visits allow for more continuity in the support and monitoring of our NGOs, and give UFHP staff the opportunity to learn from each other. With the addition of these joint visits, each clinic is now visited at least six times per annum – 4 times by the respective NLO, once by the QA team, and once by NLO and QAO jointly.
- **PD/MO visits** – UFHP has instituted a system of PD/MO visits as a part of UFHP's effort to both build capacity and expand the reach of our monitoring activities. Under this system, PDs are expected to visit each of the clinics within their respective clusters once per month, and MOs are expected to visit each satellite team once per month. Guidelines and checklists for these visits were provided to the PDs/MOs, and NLOs follow up on the progress of these visits in order to strengthen and institutionalise this internal monitoring system.

**Attachment A**  
**Non-financial Performance Data, by Clinic, March 2000**

*[Please see attached in separate folder]*

**Attachment B**  
**Selected Monthly Indicators of IR Performance**

**Attachment B – Selected Monthly Indicators of IR Performance**

<i>Indicator</i>	<i>Baseline<sup>1</sup></i>	<i>March 1999<sup>2</sup></i>	<i>March 2000<sup>3</sup></i>	<i>Growth projection to 2004<sup>4</sup></i>
<i>Child Health (contacts at clinics)</i>				
BCG	2,260	4,237	7,265	Medium
Measles	1,350	2,400	5,116	Medium
DPT 3	1,815	3,588	6,832	Medium
Vitamin A	4,260	23,926 <sup>5</sup>	8,458	Medium
ARI	1,735	9,185	24,636	High
CDD	1,715	8,419	21,559	High
<i>Reproductive Health (contacts at clinics)</i>				
ANC	3,015	14,073	29,485	High
PNC	1,135	3,387	8,055	High
TT	3,275	11,893	22,911	High
RTI/STDs	875	8,844	38,821	High
<i>Contraceptives (commodities issued)</i>				
Pills (cycles)	4,545	37,759	57,945	Medium
Condoms (pieces)	13,510	158,475	204,836	Low
Injectables (ampoules)	6,245	18,371	34,360	High
IUDs (pieces)	195	255	368	Medium
<i>Other Indicators</i>				
# ELCOs in UFHP catchment areas	na	2,016,850	2,024,917	>4% pa in urban areas
# satellite clinic sessions held	na	4,400	5,495	unlikely to expand beyond 7,500 in next three years
% cost recovery	2.5	13.0	13.2	~15% after three

<sup>1</sup> Average July to December 1996, clinics only

<sup>2</sup> March 1999

<sup>3</sup> March 2000

<sup>4</sup> High/Medium/Low in relation to 5% per annum growth 'norm'

<sup>5</sup> Average August 1997 to March 1999