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**Urban Family  
Health Partnership  
Non-Financial  
Performance  
October-2000 to  
March 2001**

**Semi-annual  
Performance Report**

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USAID, Dhaka**

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**Strategic objective number 1:  
Fertility Reduced and Family Health Improved  
USAID/Bangladesh CA No. 388-A-00-96-90025-00  
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## A. Summary of Main Activities in 2000/2001

### 1. Outcome of Action Plans

Progress against UFHP's 2000/2001 work plan is reported for each of the action plans. Each of UFHP's three management partners – BCCP, CWFP and PSTC - have participated in all plans through their seconded staff within the UFHP structure.

#### 1. ESP Service Delivery: Broaden service offerings

##### *Action plan 1a – Increase availability and use of FP methods*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. During this period, UFHP strengthened its concentration on long term family planning (LTFP), adding an short-term technical staff person to provide on-the-job training in LTFP, fostering collaboration with the Government of Bangladesh (GOB) for training and LTFP referrals, and working to increase the number of Comprehensive Clinics offering the full range of LTFP methods in the UFHP network. Specific activities undertaken during the past six months include:

- ◆ The UFHP LTFP strategy has been updated. Joint UFHP/ GOB/QIP meetings are held on a regular basis to foster collaboration and to discuss policy changes such as ending the GOB policy of making incentive payments to LTFP customers.
- ◆ A strategy plan has been developed and is being implemented to ensure the availability of LTFP in all FPAB clinics. All FPAB clinic doctors have been certified in tubectomy and non-scalpel vasectomy (NSV) services provision by the Directorate of Family Planning Clinical Services through condensed clinical courses.
- ◆ In order to reduce LTFP missed opportunities, UFHP has rolled out a checklist jointly developed by UFHP and QIP. In addition, UFHP has recently added cues to its ESP card to assist practitioners in reducing missed opportunities. UFHP has developed guidelines for reducing FP discontinuation, and improving side effects management.
- ◆ UFHP has selected 41 Comprehensive FP Clinics and has drafted guidelines for operationalization of activities at these sites.
- ◆ UFHP has developed sessions on Informed Choice and the Tiarht Amendment, which have been incorporated into the Interpersonal Communication/Counselling (IPC/C) and Clinic Management Courses (CMC) for Counsellors and Clinic Managers.
- ◆ UFHP is developing a concept paper for LTFP Behavior Change Communication/Marketing (BCC/M) to be linked with the NIPHP BCC Strategy activities related to LTFP. The UFHP strategy will be finalised in concert with the NIPHP BCC strategy.
- ◆ Since January 2001 UFHP roving facilitators are providing on site on-the-job training (OJT) and follow up for UFHP doctors providing LTFP services. They provided OJT and follow up to doctors and paramedics in seven priority clinics; a total of 10 tubectomies,

21 NSV procedures, and 43 Norplant insertions were completed during the OJT sessions. As a result of this follow up, the clinicians in these sites have now gained confidence and performance has improved dramatically: When contact data from March 2001 are compared to November 2000 data, the total number of non-IUD LTFP procedures performed in these clinics increased almost 20-fold. This compares with a 67% increase (again comparing November 2000 to March 2001 data) in non-IUD contacts across all UFHP clinics providing Norplant, NSV and tubectomy services.

- ◆ UFHP has organized 4 joint GOB-UFHP Divisional workshops on LTFP. These workshop focus on stressing the importance of LTFP in the UFHP program and on improving coordination between UFHP clinics and local government officials, and are attended by UFHP clinic staff, Civil Surgeons, Deputy Directors of Family Planning (DDFPs), and Assistant Directors of Clinical Contraception (ADCCs) and Upazilla Health and Family Planning Officers. UFHP clinics are encouraged to establish links with their respective Civil Surgeons and district-level Deputy Directors of Family Planning (DDFP) to ensure timely receipt of both District Technical Committee (DTC) approval for their LTFP activities and of Medical Surgical Requisite (MSR) supplies and certain necessary drugs attainable only through the Government. UFHP clinics are also urged to link with their respective Assistant Directors of Clinic Contraception (ADCC) for technical support in the provision of LTFP services.
- ◆ At UFHP's request, the ESP Line Director now automatically issues letters to the DDFPs on receipt of verification from AITAM that UFHP doctors have successfully completed training in LTFP service provision. These letters help to speed the DTC approval process and also request DDFP to make the ADCCs available for technical support of the newly trained UFHP staff.
- ◆ UFHP recently reached an agreement on the procurement of Norplant implants with the Directorate of Family Planning. From April 30<sup>th</sup>, 2001 Norplant implants will be procured by UFHP centrally and distributed to all UFHP sites provided Norplant services.
- ◆ UFHP and DELIVER communicate regularly regarding stock levels of injectables and other contraceptives both in UFHP clinics and in the pipeline. UFHP notifies its clinics of any potential shortages.
- ◆ RDU implementation is followed up and supported through regular TSC visits and QA visits to UFHP clinics.
- ◆ SMC products are available throughout the UFHP network in all static, upgraded satellite and satellite clinics.

*Action plan 1b – Promote nutrition and vitamin A coverage*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. Specific activities undertaken during the past six months include:

- ◆ Staff of 3 clinics?) UFHP clinics have been trained in the treatment of severe malnutrition according to the ICDDR,B guidelines. The ICDDR, B/UFHP research initiative on the management of severely malnourished children is now underway at the Mirpur and Tejgaon clinics.
- ◆ Service providers from 11 NGOs (a total of 269 doctors, paramedics and counselors) have received on-the-job nutrition training in the period from October 2000 - March 2001. This training is focused on strengthening the existing nutrition components in the ESP package.
- ◆ The NIPHP Working Group has prepared Advocacy Brief to increase postpartum vitamin A coverage for lactating women. The Institute of Public Health and Nutrition is currently arranging a presentation date with the GOB.
- ◆ Guidelines and materials for nutrition community group meetings were developed with BCCP and are currently being field tested.
- ◆ A child health consultant visited UFHP in March 2001 to review UFHP's child health activities. He recommended that UFHP expand its nutritional activities at both the clinic and community levels as a way of addressing ARI, CDD and other childhood illnesses, the underlying contributor to which is often malnutrition. A copy of the consultant's report and recommendations has been sent to USAID. In response, UFHP will develop a plan to integrate nutrition activities in a phased manner into its child health activities throughout the UFHP network.

*Action plan 1c – Support EPI and polio eradication programs*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. Specific activities undertaken during the past six months include:

- ◆ UFHP participated in both rounds of the 8th NID held in November and December 2000. 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 NIDs at the request of both IOCH and GOB.
- ◆ UFHP holds regular meetings with IOCH and the GOB to coordinate efforts, share common concerns on the EPI program, and discuss UFHP's EPI-related activities including our participation in the NIDs.
- ◆ UFHP conducted a survey of all UFHP clinic and satellite locations to assess the availability of EPI services at the local level. A summary report was prepared with this information and shared with IOCH. Findings of the survey were used to develop strategies for improving access to EPI services in selected municipalities and to foster better collaboration with IOCH. UFHP sent a letter to all clinics summarizing the strategies developed with IOCH, promoting IOCH as a resource for addressing local barriers, and encouraging stronger working relations at the local level.

#### *Action plan 1d – Implement safe delivery project*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. The Safe Delivery Program was officially launched on March 1, 2001, and as of March 31, UFHP had celebrated 4 births in UFHP clinics. Specific activities undertaken during the past six months include:

- ◆ All necessary equipment has been procured and staff hired for program implementation in 6 sites.
- ◆ BCC/M materials in support of the program including an ANC brochure, a PNC brochure, a birth planning card, and a PNC flipchart for counselors, paramedics and doctors are currently being finalized. UFHP is currently planning Safe Delivery Program marketing activities in conjunction with Safe Motherhood Day on May 28<sup>th</sup>.
- ◆ The training for Safe Delivery Program providers, designed and implemented in collaboration with PRIME, started in January 2001. The first batch of training, for service providers from Banophul/Khulna and FPAB/Dhaka was completed in February 2001. The second batch of training, for service providers from Mamata/Chittagong and Kanchan/Dinajpur began in March, and will be completed in early April.

#### *Action plan 1e – Initiate IMCI project*

Specific activities undertaken during the past six months include:

- ◆ UFHP contracted with an external consultant – Dr. Rene Salgado – to conduct a comprehensive review of UFHP's child health program and to propose recommendations for strengthening child health services. In addition, Dr. Salgado assessed the feasibility of initiating IMCI as part of UFHP's child health program. The findings and recommendations of Dr. Salgado's assessment were presented to USAID and summarized in a report. In summary, Dr. Salgado determined that the UFHP child health program was very comprehensive and already incorporated many aspects of the IMCI. The UFHP ESP card incorporates the Sick Child assessment flowchart. This tool is a key component of the IMCI. The primary weakness identified in the UFHP child health program was the relative lack of emphasis on nutrition which is a key component of IMCI. The UFHP nutrition training program addresses this shortcoming of the program, however it has not been implemented in all service delivery sites. According to Dr. Salgado, priority should be given to incorporating nutrition information as part of the child health component of the provider training program.
- ◆ UFHP has initiated a discussion with the GOB to arrange a special IMCI training course for UFHP staff beginning in July 2001. It is expected that UFHP will begin implementation of an IMCI program in selected sites on completion of this training.

#### *Action plan 1f – Implement urban TB initiative*

All significant milestones from the 2000/2001 Work plan scheduled for the first half of the year, as well as additional actions, were completed. Specific activities undertaken during the past six months include:

- ◆ Training of UFHP staff in Khulna City Corporation clinics was completed, and UFHP's Khulna clinics began providing services in January 2001.
- ◆ A dissemination seminar on lessons learned in the implementation of the Urban TB program was held in Chittagong in November 2000. A main finding from that meeting is that close collaboration between the GOB and NGOs is necessary to ensure program success. NGOs rely on the Civil Surgeon for TB drugs, to assist with start up and monitoring of the program, and to coordinate overall activities to avoid duplication. Monthly NGO-GOB coordination meetings have been instrumental in building the effectiveness of Chittagong's National Tuberculosis Control Program (NTP) program. Another important finding was that the NTP program is in need of BCC support in order to reach people in need of treatment and ensure that they complete their treatment regimens. UFHP is working to develop a BCC campaign aimed at increasing program effectiveness in identifying and treating TB patients. The third key finding was that private practitioners can play a role in identifying TB patients. The Chittagong Civil Surgeon's office arranged a meeting for private practitioners and NTP participants to orient them on the NTP and set up referral mechanisms for TB positive cases to NTP treatment centers.
- ◆ TB Initiative clinics in both Chittagong and Khulna observed World TB Day in collaboration with the GOB to build awareness about TB and the need for treatment.

*Action plan 1g – Introduce post-abortion care*

Specific activities undertaken during the past six months include:

- ◆ Necessary staff for program implementation in 2 clinics have been hired; post-abortion care (PAC) equipment and an estimated one-year's-worth of supplies will be provided by Engender Health to these sites.
- ◆ Training materials have been drafted and the training centers have been identified and prepared. The training of trainers took place in March 2001, and the training of UFHP staff is scheduled to begin in June 2001.

**2. ESP Service Delivery: Broaden ESP Service Locations**

*Action plan 2a – Expand ESP availability in low performing municipalities*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. During this period, UFHP focused its efforts on identifying potential partners in the Hill Tracts, and areas as yet unserved by the UFHP program. Due to recent funding constraint developments, these activities may not continue beyond April 2001. Specific activities undertaken during the past six months include:

- ◆ UFHP has identified 5 organizations for possible collaboration in expanding our ESP service delivery network to the Chittagong Hill Tracts. UFHP has held preliminary meetings with organizations such as Concern Universal and Integrated Social

Development Effort project to assess their interest in and ability to set up and manage high quality ESP service delivery programs in the Hill Tract Municipalities. Upon completion of these initial meetings, UFHP will issue a simplified RFP to “pre-qualified” organizations as the next step in the subagreement development process.

#### *Action Plan 2b – Initiate private sector relationships*

All significant milestones from the 2000/2001 Work plan scheduled for the first half of the year, as well as additional actions, were completed. Due to recent funding constraint developments, these activities may not continue beyond April 2001. Specific activities undertaken during the past six months include:

- ◆ Based on the results of the franchising feasibility study, UFHP has developed a private sector collaboration concept note identifying key strategies and proposing best private sector partners for collaboration in ESP service provision. The concept note concludes that UFHP’s private sector collaborators must share UFHP’s mandate to serve underserved urban Bangladeshis with high impact health services, rather than be motivated by prospects for financial gain alone. The concept note also stresses the need for UFHP to be selective in developing private sector initiatives in order to ensure that the gain in terms of increased contacts is worth the inputs provided. The concept note, “Private Sector Linkages for ESP Services Delivery,” is included in the Appendix.
- ◆ UFHP is currently exploring opportunities expand its collaboration with ICDDR, B hospital to another UFHP site outside the ICDDR, B campus, subject to the availability of funds. In addition, UFHP has had initial talks on collaboration with the Dhaka-based National Diagnostic Network and Radda MCH-FP Centre. Over the next several months, UFHP will be exploring opportunities for collaboration with private medical college hospitals.
- ◆ UFHP representatives met with senior representatives of Radda MCH-FP Centre to discuss opportunities for collaborating. Radda MCH-FP Centre officials expressed interest in introducing safe delivery services at the clinic which sees 17,000 ANC customers per year. At present, more than 80% of these women deliver with at home. The addition of safe delivery services at the clinic is likely to attract many of these clients.

### **3. ESP Service Delivery: Focus on selected market segments**

#### *Action Plan 3a – Implement adolescent reproductive health project*

The Adolescent Reproductive Health (ARH) program has completed 21 months of implementation. The UFHP ARH program is implementing special, adolescent-focused activities in 16 locations, as well as working through the overall UFHP network to build awareness about ARH issues and to ensure that UFHP’s HIV/AIDS, and MMR/IMR reduction activities reach adolescent populations. Specific activities undertaken during the past six months include:

- ◆ UFHP, in collaboration with the Population Council (PC) under the Global OR project, developed a curriculum for teachers’ training and finalized a teachers’ manual entitled,

*Alor Pathey Amra.* UFHP is also in the process of developing a peer education curriculum on adolescent reproductive health, which will be completed by April 2001. A Training of Trainers (TOT) for ARH Peer Educator training for UFHP Adolescent Health Educators (AHE) will be held once the curriculum is finalized.

- ◆ At the Government's request, the Adolescent Reproductive Health research findings dissemination seminar organized jointly by UFHP/ORP/PC for November 2000 was postponed. A new date is being schedule in coordination with the Government.
- ◆ Collection of baseline data for the testing of alternative ARH program models has been completed through the collaborative effort of UFHP/CWFD/ORP. This initiative will be implemented in 5 CWFD/Dhaka locations to test the effectiveness of this ARH program model in improving the knowledge and changing the behavior of adolescents related to reproductive health.
- ◆ UFHP is working closely with FOCUS, RSDP, BCCP and USAID to produce a series of 4 booklets on ARH Frequently Asked Questions (FAQs). More than 500 ARH questions have been collected, condensed, and organized. It is expected that the booklets will be printed and distributed in June 2001.
- ◆ A number of BCC/Marketing materials were developed and produced during the last six months in support of ARH program. These included a special leaflet for the adolescents, a brochure on ARH issues, a program poster, and a prototype banner.
- ◆ The UFHP ARH Program Coordinator was invited by Shanghai Institute of Planned Parenthood Research to attend a symposium on adolescent issues and to make a presentation on the UFHP ARH program in October 2000. His travel was funded by the WHO.
- ◆ UFHP held a day-long dissemination session to disseminate lessons learned to date and introduce new program priorities.

#### *Action Plan 3b – Implement HIV/AIDS project*

All significant milestones from the 2000/2001 Work plan scheduled for the first half of the year, as well as additional actions, were completed. UFHP recruited an HIV/AIDS Program Coordinator/Outreach to assist in the development of UFHP's HIV/AIDS prevention outreach activities. Specific activities undertaken during the past six months include:

- ◆ The UFHP HIV/AIDS Program Review conducted in August 2000 identified 2 main areas for improvement to increase program impact: HIV/AIDS prevention BCC and STI and syphilis test service utilization. In response to these findings, UFHP followed 2 main strategies:
  - ◆ In order to strengthen BCC for core at-risk groups, UFHP concentrated its efforts on working to strengthen the IPC/Counseling skills of its HIV/AIDS Counselors (HACs), the main channel for relaying HIV/AIDS prevention messages and strategies to high-risk populations. UFHP worked during the October 2000- March 2001 period to

strengthen their skills through developing an HIV/AIDS Communication and Counseling curriculum. UFHP conducted a TOT for the HIV/AIDS training partners, and monitored training implementation. By the end of March, 18 HACs, 14 SSPs, 31 SPs and 10 Counselors had received refresher training on counseling high risk populations on HIV/AIDS prevention. In addition, UFHP developed an orientation curriculum on HIV/AIDS communication and counseling for newly recruited SSPs, SPs and Counselors from the 26 HIV/AIDS program sites. During the period from October 2000- March 2001, 4 SSPs, 28 SPs and 7 Counselors had received and 2 Medical Officers from male only clinics received this training.

- ◆ In order to increase STI and syphilis test service utilization, UFHP has established 16 clinics focused on STI services delivery for at-risk populations. These clinics provide at-risk groups with an environment in which they can feel comfortable seeking services, and with providers who are attuned to and comfortable discussing their special needs. In order to bring customers in to these sites, UFHP has introduced an inbound referral slip for distribution by HIV/AIDS outreach workers (UFHP and non-UFHP) working with at-risk groups. The referral slip provides information about the location of UFHP clinics, the services provided there, and entitles the bearer of the slip with a discount for services. UFHP is also working closely with BCCP to develop a brochure on syphilis testing and a poster on RTI/STI treatment in support of this effort.
- ◆ UFHP finalized an agreement with FemCom to partially fund a feature film on HIV/AIDS. The film will be released in June 2001, and VHS copies will be sent to all NGOs for use in HIV/AIDS BCC activities.
- ◆ UFHP and FHI jointly identified 2 main areas in which FHI could provide technical support. As a result, FHI is currently providing technical assistance to UFHP improving UFHP service providers' skills on STI management for at-risk populations. UFHP, as a member of the AIDS Task Force, is also receiving TA from FHI on designing its peer education program.
- ◆ UFHP is working in collaboration with the members of the AIDS Task Force to develop guidelines for implementation of a peer education program. It is expected that a peer educator training and job aids needs assessment will be conducted once the guidelines are completed
- ◆ In observance of World AIDS Day 2000, UFHP developed guidelines and a leaflet for use by its NGOs in organizing local events, and provided T-shirt to the GOB and Dhaka-based UFHP NGOs for use at the national rally. UFHP's Dhaka-based NGOs organized a stall to display and distribute BCC materials in the Engineers Institute Auditorium where World AIDS Day inaugural session was held. UFHP organized street dramas for men-who-have-sex-with-men (MSMs) in three locations in collaboration with a Dhaka-based drama organization. At the local level, UFHP clinics organized folk events, decorated road islands, held rallies, organized advocacy meetings with formal and informal leaders, and gave special discounts on syphilis screening, RTI/STI services and condoms.
- ◆ UFHP currently provides STI-specific services through 11 fixed male-only clinics and 6 satellite clinics targeting male at-risk populations. In addition, UFHP has converted 5 brothel-based satellite clinics into fixed service centers. UFHP is working with other

NGOs working in HIV/AIDS prevention through outreach to identify potential STI service locations.

- ◆ UFHP is currently developing guidelines and scripts on HIV/AIDS prevention for NGO use.
- ◆ A waiver for the purchase of the rapid test kits for syphilis is currently being processed by USAID. UFHP will begin implementation of this program once the test kits are available.

*Action Plan 3c – ESP services for garment workers, rickshaw pullers, and other underserved groups*

All significant milestones were completed within the planned timeframe as specified in the 2000/2001 Work Plan. Due to recent funding constraint developments, these activities may not continue beyond April 2001. Specific activities undertaken during the past six months include:

- ◆ Based on the results of the review of UFHP's current activities in garment industries, UFHP developed a concept note detailing best practices in UFHP NGO collaboration with the garment industry in ESP service provision. The concept note lays out the most promising models for collaboration in terms of program and NGO financial sustainability. A copy of the concept note, "Expanding Access to ESP Services through Collaboration with Garment Factories," is included in the Appendix.
- ◆ UFHP NGOs currently provide practitioners and/or other inputs to clinics in more than 70 factories as a part of their service delivery activities. The most common service delivery model is a regularly held satellite clinic, often staffed with a physician, coupled with health education group meetings and counseling.
- ◆ UFHP representatives met with the Bangladesh Garment Manufacturer Exporters Association (BGMEA) to introduce the UFHP service delivery network and to discuss opportunities for collaborating to provide health services to garment workers. The BGMEA agreed in principle to signing a Memorandum of Understanding between the BGMEA and UFHP. UFHP is drafting this agreement.

**4. BCC/Marketing**

*Action Plan 4a – Revise UFHP's BCC/marketing strategy*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. Specific activities undertaken during the past six months include:

- ◆ UFHP has revised its project-specific BCC/M strategy in the light of the introduction of the NIPHP BCC strategy. As a result, UFHP is more strongly focusing its attention on the local level, developing local level capacity to develop, implement and monitor data-based BCC/M plans. UFHP is continuously working to ensure that local level activities build on the key messages from the NIPHP BCC strategy branding and category campaigns.

- ◆ In this reporting period, the UFHP BCC/M Team provided technical inputs into the development of the Child Health category campaign, the branding campaign, and the drama serial.
- ◆ The UFHP BCC/M Team works continuously within UFHP and with BCCP to develop and revise UFHP-specific BCC/M materials per the BCCP work plan. The UFHP BCC/M Team is currently coordinating development of numerous materials including booklets on frequently asked questions for the adolescent reproductive health program, an ANC and PNC brochure, and a PNC counselor flipchart, and an STI/RTI brochure. Additional UFHP-specific BCC/M materials completed in this reporting period were a leaflet on the prevention of flood-related illnesses, an HIV/AIDS leaflet for World AIDS Day, and 2 National Immunization Day reminder cards.
- ◆ The UFHP BCC/M Team updates UFHP staff regularly on the implementation status of the NIPHP BCC Strategy. UFHP staff were updated during a two week long in-service training for all technical staff in December, and were again briefed during the UFHP annual HQ retreat in February 2001.

*Action Plan 4b – Strengthen NGO BCC/marketing capability*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP is committed to establishing local level BCC/M capability in all UFHP sites throughout the network through monitoring and support. Specific strategies to accomplish this undertaken during the past six months include:

- ◆ Staff each NGO with a management team including an administrative manager with responsibility for BCC and program planning.
- ◆ Delegate responsibility to the BCC/M management team for local level BCC/M planning and follow up.
- ◆ During the reporting period, UFHP's BCC/M Team made visits to eighty percent of UFHP's NGOs in order to facilitate the development of BCC/M plans using IS and catchment area data. This facilitation process typically asks the participants (typically all of the cluster's SSPs and the NGO senior manager responsible for BCC/M) to analyze their CPC and IS data and to decide on two to three BCC/M priorities based on the result. The process then moves to developing an effective BCC/M plan to meet agreed upon goals. The next round of UFHP BCC/M Team visits will focus on analyzing the impact of activities under the last BCC/M plan, and developing a new plan based on the result. All visits by UFHP's BCC/M staff include monitoring and support of local level BCC/M activities such as group meeting facilitation, events planning, networking, customer follow up, customer satisfaction monitoring, and counseling.
- ◆ Provide training in BCC/M to the NGO management team and Clinic Managers (as a part of the Clinic Management Course). Through the Institutional Development workshop series detailed in Action Plan 6, the NGO senior management team has been oriented on BCC/M strategies to help build demand for ESP services at the local level. Clinic

Managers will also receive orientation on BCC/M success strategies and the NIPHP BCC campaign as a part of both the revised Clinic Management Course and the Clinic Manager orientation sessions scheduled for April. (See Action Plan 6a). Copies of the Institutional Development Workshop agendas are included in the Appendix.

- ◆ UFHP recently revised the BCC/M Refresher curriculum and the Interpersonal Communication and Counseling curriculum. The revised curricula are less theoretical and more clearly linked to the job responsibilities of the SPs, SSPs, and Counselors, and incorporate the most recent tools and guidelines developed by UFHP. Training courses using these revised curricula began in March 2001, and UFHP has been actively involved in monitoring and ensuring training quality.
- ◆ The UFHP BCC/M Team introduced 2 new tools in the past six months. The first, a revised the BCC/M plan format, which is designed to focus clinic attention on a small number of carefully selected BCC/M priorities while linking activities to the NIPHP BCC strategy. The second tool is customer feedback form for use by literate customers at the end of their clinic visit. The BCC/M Plan format and feedback form were shared with NGO management teams and UFHP HQ staff at the first Institutional Development workshop in November 2000, and have been incorporated into the revised BCC/M refresher curricula and the revised Clinic Management Course. Copies of the BCC/M Plan format and the customer feedback form are included in the Appendix.

## 5. Quality Improvement

### *Action plan 5a – Establish and Maintain Quality*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP is committed to establishing high quality of the clinical program in all UFHP sites throughout the network through monitoring and support. Specific strategies undertaken during the past six months include:

- ◆ Historically, UFHP has employed NGO Liaison Officers (NLOs) and Quality Assurance Officers (QAOs) to provide on-site monitoring and support of our NGOs and clinics. Due to program expansion during the past six months, UFHP combined the functions of the NLOs and QAOs into a single position, Technical Support Coordinators (TSCs), to support timely monitoring and technical assistance of the larger UFHP network. Since all NGOs are visited during the beginning of the year for an initial assessment visit using the checklist and later in the year for a quality monitoring visit, this approach distributed site visits for all TSCs evenly throughout the year. All TSCs were trained in both functions to support effective monitoring and support. This approach optimizes UFHP HQ staff.
- ◆ Due to the large number of UFHP clinic sites, QIP proposes to visit 50% of the clinics with UFHP to conduct comprehensive QA assessments. Since UFHP wants all clinics to receive a QA assessment visit, we propose to conduct site visits to the remaining 50% of clinics. These visits will be conducted jointly by a team to include a UFHP TSC and the clinician manager from the NGO. This strategy achieves two objectives. First, all clinics are monitored for quality. Second, UFHP will build capacity at the local level for QA monitoring by training the NGO clinician manager in techniques for QA on-site

monitoring. The same procedures and checklist will be used to guide the QA visit for both types of visits.

- ◆ UFHP worked with QIP to develop a QA visit plan for UFHP site expansions. The initial strategy targeted all new clinics, comprehensive clinics and poor performing clinics. With the new QA quality performance rating to be introduced in the Round 4 QA visits, it was recommended that a random sample of 50% of all UFHP clinics be selected for joint visits with QIP and UFHP. This approach ensures a fair and objective assessment of UFHP's overall service delivery quality. Round 4 QA visits are scheduled to begin in May, 2001.
- ◆ UFHP has promoted the use of Client-Oriented-Provider-Efficient (COPE) exercises in new UFHP static and upgraded clinics. The initial COPE exercise is overseen by a QIP facilitator with the help of the NGO clinician manager as a site facilitator. The clinician manager will then be charged with carrying out future COPE exercises at all cluster sites.
- ◆ A missed opportunities checklist was developed and distributed to all NGOs and clinics. The checklist serves as a tool to remind clinic staff to evaluate additional health particularly preventive, services which may be appropriate for the customer.
- ◆ UFHP is working with QIP to design an infection prevention workshop to be conducted regionally for all UFHP clinics. The workshop will target *Ayas* and Clinic Managers. Although *Ayas* are typically assigned infection prevention duties at the clinic level, no training has been directly provided to this group. Historically, UFHP has expected the Clinic Manager to orient the *Ayas* on infection prevention. UFHP believes this training is essential to improve the quality of infection prevention practices at the clinic level. Trainings are scheduled for April-May, 2001.
- ◆ NGOs have received guidance about seeking local technical experts to provide OJT training to new clinical staff to orient staff until they can be trained. All NGOs are now staffed with a clinician as a member of the management team. This individual is responsible for providing initial orientation to ensure quality.
- ◆ UFHP has been working with QIP to revise the QA Checklist which will be used in Round 4 QA visits. A final version of the QA checklist will be completed in April in advance of the round 4 visits which are scheduled for May-July.
- ◆ UFHP is collaborating with PRIME to introduce distance-based learning strategies for technical skills reviews using *Projanmo* as the medium. Distance-based learning inserts have been developed to accompany 6 issues of the magazine. These inserts address six topics which have been identified as topics needing follow up. The inserts are designed to be used by clinic staff as part of a regular QA function and include questionnaires, Q and A and review readings.
- ◆ UFHP completed Round 3 QA visits with all NGOs and clinics. The results of these visits are being analyzed by QIP and compared with data from Rounds 1 and 2. A consultant was contracted by QIP to assist in the process of analyzing the three rounds of data for trends. Preliminary findings were presented in March and indicate that quality

monitoring efforts are positively impact quality although overall quality ratings need improvement.

- ◆ UFHP conducted a two week long in-service training for all technical staff in December. To ensure that on-site TA is consistent with UFHP training, staff attended review sessions for all core UFHP training courses.
- ◆ All ESP service technical standards and guidelines except for the Maternal Health standard have been developed and distributed. The Maternal Health protocol is expected in April 2001.
- ◆ UFHP has developed and will conduct regional trainings for all Clinic Managers to update them on program priorities and changes. The training will be for two days and is scheduled for April.
- ◆ UFHP will be introducing a new NGO performance rating strategy which incorporates quality indicators generated from the QA checklists. NGOs will be provided quarterly data on the quality of their program and expected to demonstrate improvement where indicated. NGOs will be annual evaluated on a variety of performance measures including quality starting in September 2001.

*Action plan 5b – Institutionalize Local Level Quality Monitoring using QMS*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP is building capacity for local level quality improvement. During the first six months, these strategies were pursued.

- ◆ All NGOs were staffed with a clinician technical advisor as part of a three member management team at the NGO level. This clinician is responsible for quality monitoring and is expected to conduct regular site-visits to clinics in their cluster to monitor quality and provide technical assistance and support.
- ◆ UFHP developed a quality monitoring system (QMS) which we have shared with QIP. Our approach is as follows:
  - ◆ The clinician technical advisor conducts joint QA visits with UFHP to all clinics in the cluster which did not receive a joint QIP visit. UFHP will train the clinician technical advisor in the use of the QA checklist and conducting a QA site visit. The NGO clinician will be expected to prepare the site visit report. In this manner, UFHP intends to build capacity at the local level for QA monitoring. The first round of these visits is scheduled for the second half of the year.
  - ◆ All NGOs will be expected to develop priorities for quality improvement based on the findings of the QA site visit. 2-3 areas will be targeted for improvement which are expected to have the biggest impact on overall quality at the clinic level.
  - ◆ The NGO clinician will conduct regular visits to the clinic to monitor progress on quality improvement priorities.
  - ◆ The Clinic Manager conducts regular team meetings to review issues related to quality and oversee implementation of quality improvement priorities.

- ◆ Overall quality indicators will be reported as part of the QA Checklist analysis (QIP) and in the UFHP NGO Analysis Report. UFHP will monitor trends in overall quality improvement from these sources.
- ◆ Clinics and NGOs which report the best quality improvement and the best overall quality will be rewarded as part of UFHP's annual reward program.
- ◆ UFHP is presenting our strategy for overall performance evaluation of our NGOs and clinics in regional dissemination sessions scheduled for April to all Clinic Managers and the NGO management team. In addition, the QA QMS will be addressed in the May Institutional Development Workshop.

*Action plan 5c – Provide Ongoing Basic/Refresher Technical Courses*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP schedules and manages offerings of basic and refresher courses.

- ◆ UFHP developed and disseminated an annual training calendar to all NGOs to support planning for staff training in November.
- ◆ UFHP has been collaborating with PRIME to strengthen the FWV training program run by the GOB. UFHP made initial contact with NIPORT to discuss opportunities for collaborating and obtained support for the idea. PRIME has followed up with the idea to assess training resources. A workplan has been prepared for improving the FWV training program to better meet the NGOs staffing needs. Due to the fact that the program is an 18 month program, it was not possible to enroll students in the program during this contract period. However, UFHP supports PRIME's and USAID's efforts to improve the quality of the pre-service training program which will inevitably benefit our NGO partners in recruiting efforts in the future.
- ◆ UFHP has collaborated with our training partners in the provision of basic and refresher training on all ESP components and LTFP. A summary of training courses held and numbers of participants is included in the Appendix.

## **6. Improved NGO and Partner Management**

*Action plan 6a – Strengthen local-level monitoring and support systems*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. During the past six months, UFHP's approach to improving NGO managers' capability to monitor and support cluster activities has focused on the following strategies:

- ◆ Staff each NGO with a management team including a physician technical advisor with responsibility for quality improvement, a finance manager with responsibility for the financial management of the program, and an administrative manager with responsibility for BCC and program planning.

- ◆ Delegate responsibility to the management team for local level monitoring and support including conducting regular monitoring visits, monitoring program performance and assuring clinic staff competence.
- ◆ Develop an effective IS system which improves data collection and reporting. The resulting reports permit the management team and clinic staff to assess problems and take corrective action.
- ◆ Provide training in problem solving to the management team as part of the Institutional Development workshop series. Topics addressed during the first two workshops in November and February included: building demand for the ESP program, improving quality of services delivery, effective financial management, information for decision-making, program development including grant writing and fundraising, and leadership and governance. Copies of workshop agendas are included in the Appendix.
- ◆ Develop and implement a revised management support checklist to be used by UFHP and NGO staff to review all components of the UFHP ESP program. The checklist is a simple tool which guides a review of the clinical, managerial and financial aspects of the program to identify areas of weakness to be addressed. All clinics were visited for an initial assessment visit between November and March using this checklist. A copy of the checklist is included in the Appendix.
- ◆ A two day orientation is scheduled for all Clinic Managers to update them on program priorities and recent changes. The NGO management team will attend the orientation, as well. A key objective of the training is to facilitate improved coordination and collaboration between the NGO management team and the Clinic Managers. UFHP will provide future updates to the NGO management team who will be responsible for communicating new priorities to the Clinic Managers as part of our strategy to delegate increased responsibility for program performance to the NGO. These orientation sessions are scheduled in April.

*Action plan 6b – Institutionalize NGO customer satisfaction monitoring*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP introduced customer satisfaction monitoring in the clinic management decision making through development of tools and training.

- ◆ Two customer satisfaction tools were developed and distributed to NGO management for use at the local level. The first tool is a customer feedback form with a simple rating system for patient satisfaction. The card is designed to be used by literate customers following a visit. The second tool is an exit interview form to be used to obtain customer feedback. The interview is to be completed by an interviewer with a sample of customers. Copies of both tools are included in the appendix.
- ◆ NGO managers were oriented to the need to solicit customer feedback and to use survey instruments for data collection as part of the Institutional Development Workshop series. Copies of the instruments were distributed in the training.

- ◆ UFHP has targeted customer satisfaction as one initiative for our research team to follow-up. UFHP is currently formulating a strategy to improve the monitoring of customer satisfaction at the local level and to ensure that the data collected is used to inform clinic management decisions.

*Action plan 6c – Institutionalize use of data for decision making*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. To institutionalize use of data for BCC/M, logistics, and other management decision-making at the NGO level, UFHP revised all data collection and reporting procedures and trained NGO staff on use of data for decision-making.

- ◆ The management support checklist was revised and includes sections on use of data for decision-making. TSCs conducted initial assessment visits to all NGO clinics during November – March and used the checklist. The BCC/M Team has made visits to eighty percent of UFHP clusters to facilitate BCC/M plan development using IS and catchment population data.
- ◆ The UFHP NGO IS was revised to improve data collection and reporting. UFHP introduced an encounter form in March for more accurate data collection of utilization, revenue and collections data. The information captured by the encounter form is reported monthly to UFHP and summarized quarterly into an NGO Analysis Report. This NGO Analysis Report is sent back to the NGO and provides information on productivity, efficiency, quality, cost-effectiveness and market share. This information can be used by the NGO management team for informed decision-making about problem areas. A complete set of IS forms and reports is included in the Appendix.
- ◆ NGO managers were trained on the use of the new NGO IS system. During both Institutional Development Workshop series, managers participated in exercises using management reports to identify problem areas and strategize actions for improvement.

*Action plan 6d – Facilitate NGO strategic plan and work plan preparation and implementation*

All significant milestones for this action plan are scheduled for the second half of the project year. UFHP plans to address the preparation and implementation of NGO strategic plans and work plans as part of the third Institutional Development Workshop scheduled for May.

*Action plan 6e – Facilitate revision and implementation of Management Partner's strategic plans and budgets*

UFHP has initiated actions in support of our management partners' long term strategic positions. Significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. During the last six months of this project year, UFHP intends to work closely with our management partners to clarify opportunities and strengthen their future.

- ◆ UFHP negotiated budgets with each of our management partners for the 2000-2001 year. The PSTC partner budget for the 5 year Cooperative Agreement was increased, and this increase was incorporated into the CA in Modification 8. The overhead audits for PSTC and BCCP have been completed and shared with USAID. The overhead audit for CWFD is currently underway.
- ◆ Each management partner was assigned specific training responsibilities to strengthen their capacity in managing a defined scope of work. Historically, our management partners provided trainers at our request. This year, each partner was assigned all logistical responsibility for a category of training. This action has challenged our partners to plan for trainer needs to conduct trainings according to a defined schedule and within budget.
- ◆ UFHP meets monthly with our management partners to discuss issues which impact their organizations and the UFHP program.
- ◆ UFHP and our management partners participated in a work group to discuss issues related to seconded staff including strategies for staff development and procedures for returning staff to their parent organizations to build capacity. Guidelines were developed which clarify how seconded staff will be shared between UFHP and partners.
- ◆ UFHP management partners have requested that UFHP discuss their role beyond June 2002. A strategic planning process is scheduled to begin in April to evaluate the roles of management partners and UFHP's expectations for performance. A key issue to be addressed is the development of middle management for CWFD and PSTC for long-term sustainability. Partners will be required to report on progress in implementing their strategic plans as part of this process.

*Action plan 6f – NGO governance workshop*

UFHP revised our strategy for strengthening governance of NGOs. Traditionally, UFHP has invited the Executive Committee (EC) president to attend trainings. The president is expected to communicate lessons learned to the other members of the EC. Because it is important that all EC members understand their roles and responsibilities, UFHP proposes to conduct half day retreats with all EC members from each NGO. Significant milestones completed in support of this action plan include:

- ◆ An agenda for a half day retreat with NGO EC members has been developed and a facilitator recruited to conduct the retreat sessions. Key issues to be addressed in the retreat includes roles and responsibilities of the EC members, membership, effective structure(s) of the EC, and coordination with the ESP program management team.
- ◆ All NGOs were notified and encouraged to participate in the retreats in February.
- ◆ Retreat dates have been scheduled for approximately 80% the NGOs during April- June. In addition, UFHP will conduct retreats with regional FPAB ECs. To date, 24 retreats have been scheduled.

*Action plan 6g – Provide ongoing management training and support*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. A comprehensive training program including basic and refresher courses in clinical and management issues is managed with assistance from UFHP's training partners.

- ◆ UFHP worked with our training partners to identify the numbers and types of courses to be conducted during the year to meet projected demand.
- ◆ UFHP prepared an annual training calendar which was printed and distributed to all NGOs to support planning for staff training. The training calendar was accompanied by a training manual which listed the goals and objectives of all core courses and target audience.
- ◆ NGO managers were instructed to use the annual training calendar to ensure that all staff were trained in a timely manner and with minimum disruptions to clinic operations.
- ◆ To assess the effectiveness of all UFHP core trainings, UFHP technical staff attended review sessions conducted by the training organizations on each of the core courses. Recommendations for improving the content and format of all trainings were drafted and shared with PRIME for follow-up. A summary of the Training Program Assessment is included in the Appendix.
- ◆ UFHP reviewed and revised the training curricula for BCC/M and IPC/C as well as for our Clinic Management Course (CMC) which addresses staff appraisal, facilitation, financial management, and human resource management. The revised CMC which is conducted by UFHP directly is scheduled to be conducted in May. The revised curricula for BCC/M and IPC/C was shared with the training organization responsible for conducting these trainings. In revising curricula UFHP emphasized practical, competency based learning and shorter training periods to minimize disruptions to clinic operations.
- ◆ UFHP engaged a consultant to develop a preliminary report on NGO personnel policies. Based on this report, UFHP contracted with a local firm to draft NGO personnel policies to be used as a template for NGO's to develop customized personnel policies. The draft is currently being reviewed by UFHP.
- ◆ UFHP has scheduled four management skills updates for Clinic Managers and NGO management team for April. The purpose of these updates is to facilitate improved coordination between the NGO management team and Clinic Managers and set expectations that UFHP will be working through the NGO management team to share program updates and priorities in the future. It will be the responsibility of the management team to inform the Clinic Managers of these updates. Key updates on revised QA, IS and NGO performance monitoring will be the focus of the training.
- ◆ UFHP is collaborating with Deliver to plan and conduct regional trainings on GOB FP logistics management. Deliver will conduct 7 regional one day trainings on logistics management for all UFHP Clinic Managers. These trainings are scheduled for May-July.

*Action plan 6h – Improve UFHP NGO support efforts*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP significantly expanded our service delivery network during the past six months. To support this expansion, UFHP revised our approach for NGO monitoring and support to be effective with current staff resources. Specific strategies follow:

- ◆ Historically, UFHP has employed NGO Liaison Officers (NLOs) and Quality Assurance Officers (QAOs) to provide on-site monitoring and support of our NGOs and clinics. To permit timely monitoring and support, UFHP combined the functions of the NLOs and QAOs into a single position, Technical Support Coordinators (TSCs). All TSCs are assigned a number of NGOs for whom they provide technical assistance and support (NLO functions) and different NGOs for which they provide quality monitoring (QAO functions). Since all NGOs are visited during the beginning of the year for an initial assessment visit using the checklist and later in the year for a quality monitoring visit, this approach distributed site visits for all TSCs evenly throughout the year. All TSCs were trained in both functions to support effective monitoring and support. This approach optimizes UFHP HQ staff.
- ◆ UFHP conducted a mid-term review of all aspects of the program. A detailed list of recommendations for program and internal systems improvement were developed. UFHP staff were assigned follow-up responsibility for key actions. During our February staff retreat, a status report on all follow-up activities was prepared. Based on this analysis, UFHP is implementing all recommendations according to the work plan.
- ◆ In early fall, UFHP assessed staff training needs. Based on this assessment, an in-house training program was arranged for December which included a review of all UFHP core training programs which are required for clinic and NGO management staff. The purpose of these refresher trainings was twofold: 1) to update UFHP technical staff on the content of our clinic training programs to ensure consistency between training and on-site technical assistance and support; and 2) to assess the appropriateness and effectiveness of the training program. Based on our review, recommendations for improving the content and format of the training programs were developed and shared with PRIME and the UFHP Management Partners.
- ◆ UFHP staff revised all monitoring checklists. A combined assessment checklist was developed to support a comprehensive initial assessment visit for all clinics which incorporates BCC/M, financial management, clinical services, community relations, leadership and governance, IS, and planning. This checklist was used by TSCs to conduct initial assessment visits from November – March. UFHP has also been working with QIP to revise the QA checklist for the Round 4 QA visits scheduled for the second half of the year. Both checklists are designed to be used both by UFHP staff as well as NGO and clinic staff to support on-site monitoring.
- ◆ UFHP has devised a number of strategies for integrating information from various sources including site visit report and performance statistics to more easily identify and target NGO support needs. These include:

- ◆ UFHP has prepared NGO files which include copies of the TSC, BCC, QA and other site visit reports as well as performance statistics. These integrated files facilitate overall review of program performance.
- ◆ UFHP has developed a new quarterly NGO Analysis Report which summarizes performance in key areas of productivity, quality, financial viability and market share to monitor trends and identify problem areas.
- ◆ UFHP is working with QIP to develop a set of composite and individual quality indicators which will be generated from the QA site visit checklist and will permit identification of areas for quality improvement.
- ◆ UFHP has modified our IS system to collect information monthly on the number of approved personnel, current vacancies, recent recruits and the number of trained personnel. This information is collected by position: medical officer, paramedic, *aya*, counselor, etc. This information forms the basis for our PIS. Based on this information, UFHP can project training needs and identify clinics which have failed to train staff in a timely manner. The PIS has been initiated as of March, 2001.
- ◆ UFHP organized and held our annual HQ retreat with all UFHP staff in February. The three day event focused on clarifying UFHP's strategic direction and approach in each of the critical areas defined by the IR s and on identifying areas for focus to achieve desired goals. A final report was prepared from the retreat and was presented to USAID in March. UFHP has begun implementing recommendations from the retreat. A copy of the report is included in the Appendix.
- ◆ UFHP is scheduled to conduct our annual grantee dissemination workshop in August. A mid-term dissemination workshop is scheduled for Clinic Managers and UFHP has decided to include the NGO management team in this meetings. UFHP wants to set the expectation that the NGO management team is responsible for communicating program priorities and updates to clinic staff in the future. This is part of our strategy for delegating increasing authority and responsibility for program performance to our NGOs.

## **7. Financial Management Capacity Building**

*Action plan 7a – Strengthen NGO financial management and planning capability to foster sustainability*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. Strategies for strengthening NGO financial management and planning capability to foster sustainability during the past six months include:

- ◆ UFHP disseminated results of a pricing study and guidelines for implementation of recommendations to our NGOs during the Institutional Development Workshop series. Strategies for pricing services so as not to discourage use of preventive services while maximizing cost-recovery were discussed. Follow-up guidance is scheduled to be shared with all NGOs in March including a tool for assisting clinic staff to fairly evaluate a customer's eligibility for a discount.
- ◆ Effective financial management of NGOs and clinics has been a priority topic for the Institutional Development Workshop series. The NGO management team including the

financial manager (FAMs) has received guidance on NGO program planning and budgeting, pricing policies, cost containment/reduction, revenue generation and use of revenue funds. The emphasis of these trainings has been to give the NGO management team increasing responsibility for program performance and to promote financial sustainability through effective financial management practices.

- ◆ UFHP completed the development and installation of accounting software at the NGO level. The software was installed in 2 NGOs for testing and evaluation. All NGO FAMs were trained in the use of the software in a one day training in November 2000.
- ◆ Local audit firms completed financial audits of all NGOs for the period through December 1999. Audits have been commissioned for the period from January 2000 – December 2000.
- ◆ UFHP has developed a new quarterly NGO Analysis Report and corresponding data collection procedures to generate required information. The first results will be reported for the period March – May and will be available in June. This information will support an analysis of the cost-effectiveness and efficiency of the UFHP program from the public health impact, customers served and sustainability perspectives.
- ◆ UFHP has been working with Deliver/Bangladesh to develop regional trainings on GOB FP logistics management. UFHP met with Deliver to revise the curriculum to better meet our program's needs and to incorporate related UFHP policies and procedures. Clinic Managers from all UFHP clinics will attend this one day training. The trainings are tentatively scheduled for April – June.
- ◆ UFHP collects monthly data on the Revolving Drug Fund (RDF) from NGOs. RDF has been presented in the Institutional Development Workshop series as a key strategy for revenue generation to support program sustainability.

#### *Action plan 7b – Review and Revise the UFHP ESP Cards and IS*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP undertook a complete revision of our ESP Cards and IS to support improved management decision-making and monitoring.

- ◆ UFHP has been working with Deliver to revise our IS to provide GOB FP logistics data at a glance. As of March, 2001, the monthly performance reports will report stock information on all commodities. This information will meet Deliver's reporting needs, as well as provide useful management information to our NGOs and clinics.
- ◆ The UFHP ESP card was revised with input from clinical staff and our NIPHP partners. The purpose of the ESP card was revised to serve as a clinical tool (such as a medical record) rather than as a data collection tool. New features include reminders for missed opportunities and more detailed assessment and screening information to guide provide practice. The card was translated into Bangla and distributed to all NGOs.

- ◆ UFHP has been a member of an IS Working Group facilitated by USAID to review all data collection and reporting procedures. With guidance from this group, UFHP has revised our data collection and reporting procedures. New forms have been developed and the process streamlined. UFHP introduced an encounter form to improve the accuracy of reporting utilization, revenue and collection information. Additional data is being collected to generate a quarterly NGO Analysis Report which provides useful management information for decision-making to NGO managers and clinic staff. A complete set of forms and reports for the revised IS is included in the Appendix.
- ◆ The IS system has been revised as of March 1. New data collection forms were distributed to the field and the NGO management team was trained on their use in February. The first quarterly NGO Analysis Report will be prepared from data reported for the period March-May.
- ◆ UFHP has integrated the new IS with the PIS. Information on staffing, vacancies and training needs has been incorporated into the monthly reporting format and will be available to plan trainings as of April 1, 2001.

## 8. Research and M&E

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. Specific strategies undertaken during the past six months include:

### *Action plan 8a – Review progress of UFHP's health card initiative*

All significant milestones were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP is dedicated to using monitoring to improve program performance. Specific strategies undertaken during the past six months include:

- ◆ In late October 2000, an external consultant visited Bangladesh and conducted a preliminary review of the Fop's health card initiative, which began in June 2000. The main findings from this review were that the Health Card program has helped to increase the visibility of the UFHP program and the number of contacts at its clinics. The consultant proposed a more in-depth research study to measuring the impact of UFHP health cards on utilization, costs, and revenues. Based on the concept paper for the proposed research and on earlier inputs from Peter Connell (who was here as a consultant on the UFHP pricing strategy), UFHP modified the methodology. From January 2001 UFHP began collecting and analyzing data using this. While data collection and analysis is still underway, preliminary findings are encouraging: UFHP has found that, in general, cost recovery from yellow cards is at least comparable with the current network-wide cost recovery rate of 12% - reaching as high as 19% to 40% in some clinics. As was expected, cost recovery from the blue card, targeted to the poorest of the poor, is low - about 3% or less. UFHP is continuing to collect and analyze data, and expects to have a draft report on the review of health card initiative in June 2001.

*Action plan 8b – Review and provide research support to UFHP activities*

UFHP is dedicated to using monitoring to improve program performance. Specific strategies undertaken during the past six months include:

An internal working group has identified Fop's review priorities, laid out an implementation strategy through June 2002, and begun implementation. The six review priorities are (1) Health Card Initiative review, (2) Pricing Policy review, (3) TB Program review, (4) Safe Delivery Program review, (5) Development and Field Testing of NGO Performance Rating System, and (6) Customer Satisfaction monitoring review. A copy of "UFHP's Review Priorities 2001- 2002," is included in the Appendix. In addition to the Health Card Initiative review activities described above, UFHP has carried out the following activities linked to its identified review priorities in the past six months:

- ◆ As a part of the TB program review, UFHP has participated in the NTP Program Review and has been assigned by the GOB's NTP Program Manager to take part in the implementation of the Program's research agenda for the coming year. Key research questions include gaining insight on the efficacy of the DOTS strategy from the customers' perspective, increasing DOTS accessibility in urban slums, and identifying best practices and new strategies for improving the GOB – NGO interface in the implementation of the NTP.
- ◆ The UFHP Research Team has worked with the Safe Delivery Program to finalize program review questions, identify data needs related to these questions, and to finalize data collection tools.
- ◆ An exit interview form for use in customer satisfaction monitoring was developed. The exit interview form is to be completed by an interviewer with a sample of customers. UFHP is currently formulating a strategy to improve the monitoring of customer satisfaction at the local level and to ensure that the data collected is used to inform clinic management decisions.
- ◆ The RTI/STI awareness survey is on hold pending USAID approval to contract the work out to an external agency.
- ◆ A separate study was planned to understand the changing role of urban men in FP and RH. UFHP now plans to take advantage of the NIPHP community survey, utilizing the relevant questions focusing on men that have been included in that survey, rather than duplicate efforts.

*Action plan 8c – Optimize use of the clinic promotion campaign database*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. Specific strategies undertaken during the past six months include:

- ◆ Computer entry of the data collected during the clinic promotion campaign (CPC) is complete. Compiled reports have been sent back to the respective NGOs. UFHP has designed a computer program which uses the CPC data along with the monthly performance data in order to analyzing UFHP clinics' contribution to meeting the need for ESP services in their catchment areas. Clinic-level BCC/M teams have been trained

to use CPC data to prioritize BCCM activities and to organize outreach activities in their municipalities.

*Action plan 8d – Participate in the NIPHP community survey*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan.

- ◆ UFHP is actively collaborating with MEASURE to implement the NIPHP community survey. UFHP has supplied MEASURE with population data, program information and maps required to determining sample sizes, populations and comparison areas. And has reviewed and provided feedback on the draft questionnaires.

*Action plan 8e – Document and disseminate UFHP lessons learned*

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan.

- ◆ UFHP's Documentation and Dissemination Plan was developed in line with recommendations from UFHP's November 2000 midterm review. The Plan, which is currently being reviewed by UFHP and JSI HQ staff, outlines 6 main dissemination channels for UFHP lessons learned including a newsletter, webpage, dissemination sessions, an participation in national and international conferences. UFHP intends to use these channels as a primary means of recognizing NGO success in ESP program implementation, motivating lower-performing NGOs to improve, and sharing best practices for the overall benefit of the program. A copy of the draft Documentation and Dissemination Plan is included in the Appendix.

## **2. Special Initiatives Undertaken**

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

- ◆ Collaborated with GOB on LTFP: In addition to participating in the monthly joint UFHP/QIP/GOB LTFP policy meetings, UFHP has worked diligently to ensure improved collaboration between UFHP clinics and Government officials at all levels, and to secure GOB support and certification, with the following outcomes:
  - ◆ All FPAB clinic doctors were certified in tubectomy and NSV services provision in that past six months by the Directorate of Family Planning Clinical Services through condensed clinical courses.
  - ◆ UFHP has organized 4 joint GOB-UFHP Divisional workshops on LTFP to improve coordination between UFHP clinics and local government officials, and are attended by UFHP clinic staff, Civil Surgeons, Deputy Directors of Family Planning (DDFPs), and Assistant Directors of Clinical Contraception (ADCCs), and *Upazilla* Health and Family Planning Officers. These meetings are intended to set the stage for improved collaboration between UFHP clinics and their respective Civil Surgeons and district-level DDFP with a view to ensuring timely receipt of both District Technical Committee (DTC) approval for their LTFP activities, Medical Surgical Requisite

(MSR) supplies and certain necessary drugs attainable only through the Government. It is also hoped that these workshops will pave the way for the establishment of linkages between UFHP clinics and their respective ADCCs for technical support in the provision of LTFP services.

- ◆ At UFHP's request, the ESP Line Director now automatically issues letters to the DDFPs on receipt of verification from AITAM that UFHP doctors have successfully completed training in LTFP service provision. These letters help to speed the DTC approval process and also request DDFP to make the ADCCs available for technical support of the newly trained UFHP staff.
- ◆ UFHP recently reached an agreement on the procurement of Norplant implants with the Directorate of Family Planning. From April 30<sup>th</sup>, 2001 Norplant implants will be procured by UFHP centrally and distributed to all UFHP sites provided Norplant services.
- ◆ IS Revision: UFHP participated in a working group with USAID and RSDP to revise our IS to improve consistency in reporting between the urban and rural components of the NIPHP program and to better meet USAID's reporting needs. Based on this work, UFHP revised all data collection forms and the monthly performance report. UFHP's IS group is in the process of rewriting software to generate new reports. NGO management and Clinic Managers were trained on the new data collection procedures and use of the management reports which will be produced by the new system.
- ◆ UPHCP Collaboration at HQ Level: UFHP management meets regularly with program leaders from the Urban Primary Health Care Project (UPHCP). The purpose of these meetings is to foster collaboration and to share lessons learned. UFHP provided an overview and copies of all policies and procedures related to finance, BCC/marketing, clinical and IS. UPHCP proposes to incorporate UFHP policies and procedures to minimize the administrative burden on NGOs who contract with both organizations to provide ESP services. Four of the 6 UPHCP funded NGOs also contract with UFHP.
- ◆ UPHCP Collaboration at Local level: UFHP representatives from HQs and NGOs attend monthly meetings of UPHCP at the regional level. These meetings foster collaboration between UPHCP and UFHP clinics at the local level. Issues including minimization of duplication of services, referrals and BCC are routinely discussed at these meetings.
- ◆ UPHCP Facility Transfer: UPHCP is building clinic facilities in all Dhaka wards and in selected locations in Chittagong, Rajshahi and Khulna. UPHCP plans to transfer clinic facilities built in UFHP-assigned areas to UFHP NGOs upon completion. UFHP toured one of the constructed facilities in Dhaka. All facilities are constructed according to two standardized plans depending upon the lot size. The facilities include a commercial first floor which can be rented out for program income and a clinic on the second floor. Four clinics in Dhaka have been constructed and are ready to be transferred. UFHP will receive clinic space in these buildings rent free, with the Dhaka City Corporation retaining the rental property and associated income. UFHP has signed an MoU with the UPHCP, a copy of which is included in the Appendix.
- ◆ UFHP Training Program Review: In December 2001, UFHP technical staff attended summary training sessions for all core training programs offered to UFHP clinic staff to assess the appropriateness and accuracy of the training program. Trainers were requested

to present the purpose and objectives of the course, review course content and provide sample materials. Based on our review, UFHP proposed significant modifications to the curriculum to emphasize practical, non-academic skill building in core ESP service delivery. UFHP met with PRIME to review the recommendations and seek support for making recommended changes to the core clinical courses. In addition, UFHP worked extensively with PSTC and BCCP to revise the IPC/C and BCC/M curricula along the lines mentioned above. During this process, UFHP drafted new content on topics such as informed choice and the Tiaht Amendment, the use of UFHP's new IS forms, addressing missed opportunities, front line customer service, and the use of data in BCC/M planning. A copy of the Training Program Assessment is included in the Appendix.

- ◆ UFHP Directory of Service Delivery Locations: UFHP prepared a directory summarizing contact information and services for all service delivery sites to serve as a reference for staff, GOB personnel and other UFHP partners. The directory facilitates identification of available services at the local level and is designed to foster collaboration and coordination among people working in the health field at the national and local levels.
- ◆ EPI Survey: UFHP conducted a survey of all UFHP clinic and satellite locations to assess the availability of EPI services at the local level. A summary report was prepared with this information and shared with IOCH. Findings of the survey were used to develop strategies for improving access to EPI services in selected municipalities and to foster better collaboration with IOCH. UFHP sent a letter to all clinics summarizing the strategies developed with IOCH, promoting IOCH as a resource for addressing local barriers, and encouraging stronger working relations at the local level.
- ◆ QA Indicators and QMS Development: UFHP has been part of an ongoing working group lead by QIP to revise QA tools and procedures. As a result of this effort, UFHP has assisted in the revision of the QA checklist, identified new QA indicators for quality assessment and developed a QMS to support local level quality monitoring. UFHP will participate with QIP in conducting QA site visits to 50% of UFHP clinics using the new QA checklist. UFHP will conduct QA site visits to the remaining 50% of UFHP clinics with the NGO clinical manager.

### 3. Success Stories

UFHP is most proud of the following successes during the past six months:

- ◆ UFHP NGOs awarded GOB Population Award: Each year, the Government of Bangladesh awards 1 NGO in each of Bangladesh's 6 Divisions the prestigious Government Population Award for their achievements in providing family planning, child health, and maternal health services. These awards are made by the Divisional Commissioners and the Divisional Directors of Health and Family Planning, considering such factors as coverage and service quality in the provision of services. UFHP is pleased to report that in 2000, 4 of the 6 Government Population Awards were awarded to UFHP NGOs: Banophul/Khulna, FPAB/Sylhet, FPAB/Rajshashi, and Mamata/Chittagong.
- ◆ Establishment of 41 Comprehensive Clinics: During this reporting period, UFHP identified and set up 41 Comprehensive Clinics. These clinics, which are intended to service as local level "centers of excellence" or models for the cluster, are designed to

offer the full range of ESP services including all LTFP methods at high quality. Comprehensive Clinics were selected based on the services currently offered in the clinic, current clinic performance, physical infrastructure, availability of trained personnel (with a particular emphasis on staff trained in LTFP including sterilization), and presence of an established Technical Advisory Committee to assist with monitoring and maintaining quality.

- ◆ **Launch of the Safe Delivery Program:** UFHP celebrated its first birth in March. After a year of careful planning, UFHP's Safe Delivery Program (SDP) was rolled out in Banophul/Khulna and FPAB/Dhaka. 10 months ago, UFHP finalized selection its 6 Safe Delivery Program sites based on ANC customer load, facilities, availability of trained personnel, and the availability of a Comprehensive Essential Obstetric Care-capable (CEOC-capable) referral facility with whom the UFHP clinic could link. UFHP and PRIME worked collaboratively to screen potential CEOC-capable facilities, establish equipment and drug lists, conduct a training needs assessment of UFHP doctors and paramedics, and to design the training program. A four-week-long, competency-based training program was developed based on ACNM's Life Saving Skills curriculum and the Healthy Mother, Health Newborn curriculum; the training covers skills needed to conduct normal deliveries and identify, stabilize and transfer complications. An initial TOT was held, and the first UFHP practitioners, paramedics and doctors from Banophul/Khulna and FPAB/Dhaka, were certified through the Safe Delivery Program training in February 2001. By March 31, 2001 practitioners from Mamata/Chittagong and Kanchan/Dinajpur were halfway through the SDP training, and UFHP and the new parents had celebrated the births of 4 healthy babies in UFHP clinics.
- ◆ **Institutional Development Workshop Series:** UFHP has been conducting a series of three Institutional Development Workshops to build skills in effective decision-making by the UFHP NGO management team. The purpose of the institutional development training series is to clarify the roles and responsibilities of the management team members; promote a team approach to management; and empower the NGO management team to identify problem areas, develop solutions and initiate timely action. The workshop series involves group process, case studies and brainstorming to develop skills in problem identification and problem solving. Participants are learning about the six components of program success – building demand for services, improving quality of care, effective financial management, creative program development, strong leadership and governance, and efficient administration.
- ◆ **NGO Rating System:** UFHP has defined objective, transparent criteria for evaluating effectiveness and success at the NGO and clinic levels. These indicators balance competing priorities including cost-effectiveness, access to care for the most underprivileged, community health improvement, and financial viability. The indicators are reported quarterly in a new *NGO Analysis Report*. Indicators on the clinic's community profile and market share, utilization, quality of care, efficiency and financial viability will be used to rank clinics and NGOs. NGOs and clinics which demonstrate improvement in overall performance over time will be recognized.
- ◆ **Production of *UFHP Service Delivery Directory*:** UFHP has prepared a directory which reports available services by service location for all UFHP NGOs. The directory is a

valuable tool for fostering collaborating between the GOB and UFHP at the national and local level.

#### 4. Lessons Learned

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

- ◆ NGOs show business sense in successfully implementing the health card initiative - Preliminary data suggests that UFHP's health card initiative may meet its goal of increasing NGO cost recovery rates. UFHP has found that, in general, cost recovery from yellow cards is at least comparable with the current network-wide cost recovery rate of 12% - reaching as high as 19% to 40% in some clinics. As was expected, cost recovery from the blue card, targeted to the poorest of the poor, is low - about 3% or less. Cost recovery from red cards is not clear, due to the fact that the majority of red card holders have not yet used clinic services. Preliminary findings suggest that NGO-level decision making on health card marketing has helped to keep cost recovery up: Over the course of time, NGOs have learned to market the yellow cards most aggressively, saving the blue cards for the truly hardcore poor. This is a change from the early days of the clinic promotion campaign, when many more blue cards were sold. In addition, some clinics have introduced slightly higher co-pays for the yellow card, without impacting overall card sales. UFHP takes these early findings as signs that UFHP NGOs are becoming more savvy when it comes to financing their ESP programs, and are internalizing the importance of cost recovery to their overall financial sustainability.
- ◆ Executive Committee members must be motivated to take a more active role in UFHP program implementation: UFHP has traditionally communicated with the NGO Management Team on issues related to the program management. However, as the program matures and UFHP's attention shifts to ensuring the overall institutional and financial sustainability of the NGOs as a means of sustaining the ESP service delivery program, UFHP has recognised a need to more actively engage EC members. UFHP is currently holding governance workshops with EC members, helping them to identify their roles in sustaining their ESP service delivery programs, to take stock of their Committees' strengths, and to devise strategies to address the Committees' weaknesses.
- ◆ Transfer of data analysis skills empowers managers: Over the past year UFHP has been looking to the NGO Management Team to take on more and more planning and management responsibility. A fundamental part of this process has been training the Team members to utilize the data they collect to see their weaknesses more clearly and to make effective management decisions. In the past year, UFHP NGO Management Teams have been called upon to develop and implement strategic plans, to take part in QA visits (not just in terms of identifying problems but in implementing their solutions), and in using data to prioritise their BCC/M needs. In the coming months, UFHP NGO Management Teams will be called upon to continuously assess their NGOs' performance relative to others according to the *NGO Analysis Report* variables. Through these activities, UFHP is developing a more effective cadre of managers.
- ◆ Less theory, more practice: In its Training Program Review held in December 2000, UFHP reconfirmed that training programs built around building practical skills rather than theoretical knowledge are more valuable to the program. As a result, UFHP has

worked to revise all of its training programs, sending feedback to PRIME on changes needed in its clinical trainings, and working jointly with PSTC and BCCP to develop more practical versions of the IPC/C and BCC/M curricula. UFHP is also placing more and more emphasis on continuous skills improvement through OJT, the set up of Technical Advisory Committees at the local level, decentralization of the QA function, and working with PRIME to test distance learning's potential to update skills. UFHP hopes to use such strategies to reduce the amount of centrally-organized refresher training courses, which, aside from their financial costs, can mean that large numbers of providers are not at their posts at any one time.

## B. Progress Against Selected Performance Indicators

### 1. Clinic Performance

UFHP's clinic performance for the period from August 1997- March 2001 is summarized in the table. During this period, UFHP experienced a 12-fold increase in total contacts. UFHP reported 1,528,036 total contacts in 1997-1998. This number increased to 7,952,842 contacts in 1999-2000. For the period from October 2000 to March 2001, UFHP performed 5,508,705 contacts, bringing the total contacts tally for the first three-and-a-half years of the implementation phase to more than 19 million contacts. Additional information on UFHP's performance is included in the Appendix.

UFHP Clinic Performance (July 1997- March 2001)

ESP Component	Aug. 1997 Sep. 1998	Oct. 1998 Sep. 1999	Oct. 1999 Sep. 2000	Oct. 2000 Mar. 2001	Total
CH	410,091	674,111	1,350,956	964,862	3,400,020
RH	FP	820,556	1,285,929	836,339	3,292,174
	Non-FP	250,730	624,497	1,486,639	3,369,834
<b>RH Total</b>	<b>600,080</b>	<b>1,445,053</b>	<b>2,772,568</b>	<b>1,844,307</b>	<b>6,662,008</b>
CDC	37,778	11,801	2,125	1,532	53,236
LCC	305,311	662,287	860,352	646,072	2,474,022
<b>ESP Sub-total</b>	<b>1,353,260</b>	<b>2,793,252</b>	<b>4,986,001</b>	<b>3,456,773</b>	<b>12,589,286</b>
NID	47,570	904,376	1,801,026	1,523,372	4,276,344
Vitamin - A	127,206	463,364	1,165,815	543,805	2,300,190
<b>Total with NID</b>	<b>1,528,036</b>	<b>4,160,992</b>	<b>7,952,842</b>	<b>5,523,950</b>	<b>19,165,820</b>

### 2. Long-Term Objectives

UFHP's longest term objective is to ensure that we play a full and valuable part in helping USAID meet its Strategic Objective for Bangladesh by 2004, through achieving our Intermediate Results. With this in mind, UFHP has identified these areas for priority focus during the remaining one-and-a-half years of the cooperative agreement:

- ◆ Ensure a high quality provider network: UFHP will continue to work with our partners to incorporate recommendations for improving the UFHP training program for UFHP clinic staff. NGOs and clinics have been instructed to obtain provider training in a timely manner and with minimum disruption to the operations of the clinics. UFHP has staffed each NGO with a clinician manager who is responsible for providing ongoing quality monitoring and implementing the Quality Monitoring System at the local level.

- ◆ Build demand for ESP services: Increasing customer volume at all UFHP clinics is essential for the success of the NIPHP program and the clinics' long term success. UFHP will continue to work at the local level to develop targeted BCC/M plans for each UFHP clinic to promote the clinic and critical ESP services. In addition, UFHP will initiate a large network-wide marketing campaign in the coming months called the "Big Push". The Big Push is a network-wide raffle draw program which is open to all customers who receive services from UFHP clinics in May and June 2001. The raffle draw utilizes "UFHP Raffle Draw Representatives" from the community (for example, TBAs) to assist clinics in reaching particular customer groups (for example, women in need of ANC or PNC care). Raffle draw representatives are eligible to receive matching prizes should one of their referred customers win a prize. Built in to the raffle draw system is a mechanism for measuring the impact of the raffle draw in bringing new customers to UFHP clinics.
- ◆ NGO institutional development: During the coming work plan year, UFHP will devote much of its attention to NGO institutional development. UFHP will work with service delivery NGOs and management partners to implement their strategic plans and to develop and implement UFHP-specific annual work plans. As a result of this assistance, NGO/clinic leadership will develop the skills to make informed decisions to support program success. In addition, NGOs/clinics will develop more capacity at the local level for program development and monitoring. In addition to working with the NGO management teams, UFHP will be working with the NGO Executive Committees to strengthen the capacity of the Executive Committee to lead the NGO and to promote long term sustainability of the ESP program and NGO.
- ◆ Strengthen long-term family planning activities: UFHP continues to actively promote LTFP methods. UFHP has established 40 comprehensive clinics which provide all long term family planning methods. A comprehensive clinic was established in each cluster and serves as a referral center for the network. In addition UFHP has been working closely with the GOB and is sponsoring a series of regional workshops promoting LTFP and better collaboration between GOB and UFHP clinics at the local level.
- ◆ Financial sustainability: UFHP is working with our NGO partners to strengthen their financial management and commitment to financial sustainability. UFHP will continue to promote cost containment and revenue generation strategies.

### **3. Training Conducted**

Attachment F summarizes training conducted in Bangladesh from October 2000 to March 2001 under UFHP auspices. Ninety-five (95) training sessions were conducted. The total number of trainees was 1,605 including those who underwent formal training and those attending orientation sessions.

The majority of trainings targeted clinic staff to improve clinical and administrative skills. UFHP partnered with a number of training organizations including AITAM, BRAC, Radda, ICMH, OGSB, PRIME CWFD, MSCS, QIP, BCCP, PSTC, CWFD and the GOB to conduct these trainings. A new training program was introduced for the Safe Delivery program in partnership with PRIME and OGSB, and developed with QIP on PAC. Basic and refresher

courses were held in core areas including clinic management, child survival intervention, other reproductive health, rational drug use, interpersonal communications, BCC/M, nutrition, tuberculosis and long term family planning methods.

In addition, UFHP conducted a number of trainings and dissemination sessions to strengthen management skills. Financial Managers were trained on the new accounting software to be provided to NGOs. The Institutional Development Workshop series was initiated during this period. The first two of a series of three workshops were conducted. Two batches of each training were held to support small group discussions and brainstorming. The workshops were attended by the UFHP project management team including the Project Director, Project Manager and Financial Manager. The NGO leadership participated in regular program update meetings. During the past year, four such meetings were held to present policies and procedures and introduce new initiatives. UFHP also conducted a program update and dissemination session to staff of the Adolescent Reproductive Health Program.

During December, UFHP arranged for refresher training on all core UFHP courses for UFHP technical staff. These courses also provided an opportunity for UFHP staff to evaluate the effectiveness and appropriateness of core courses. Based on feedback from staff, recommendations for improving core trainings were drafted and shared with PRIME, PSTC, CWFD, and BCCP for follow up. In general, UFHP staff agreed that many core UFHP courses were too long and incorporated too much theoretical information at the expense of practical skill building. UFHP is working with PRIME and the UFHP Management Partners to revise the curricula and to ensure that recommendations are incorporated as soon as possible.

#### **4. Publications Produced**

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

- ◆ An Internal Mid-Term Review of the UFHP, Dhaka, 17-19 September, 2000 (finalized in October 2000), delivered to USAID;
- ◆ UFHP 2000/2001 Annual Work Plan (revised/final), October, 2000, delivered to USAID;
- ◆ A Catalogue of UFHP Training Programs 2000-2001; Booklet to Accompany UFHP Annual Calendar, October 2000;
- ◆ UFHP Annual Report 1999/2000, November 2000, delivered to USAID;
- ◆ Adolescent and Reproductive Health: A baseline study from selected urban areas of Bangladesh, prepared by Ariful Islam, Quamrun Nahar and Cristobal Tunon of ICDDR,B & ACPR in collaboration with UFHP, November 2000;
- ◆ Review of Sterilization Services in Bangladesh, 14 October to 01 November 2000; an assessment report prepared by AVSC International in collaboration with UFHP, RSDP, Marie Stopes Clinic Society and the Ministry of Health & Family Welfare (MOHFW), Government of the Peoples Republic of Bangladesh;
- ◆ A Health Insurance; a consultancy report prepared by Dr Alan Fair Bank (USAID consultant);

- ◆ Activities undertaken by GOB and other Partners in implementing Reproductive Rights and Reproductive Health Recommendations; a consultancy report (a draft, which will be finalized soon) prepared by Saiful Islam, Feb 2001;
- ◆ A Directory: UFHP Service Delivery Locations- 2001, prepared by Radha Friedman, February 2001;
- ◆ The UFHP Retreat 24-26 February 200; a summary of results, March 2001;
- ◆ A Report on Internal Evaluation of UFHP's HIV/AIDS Program (draft) by Dr Tariq Azim and Dr Hashina Begum, March 2001

### **C. Customer Feedback**

UFHP has been working with our NGOs to promote the importance of seeking regular feedback from our customers. Two tools were developed and shared with NGO management and clinic staff: 1) a customer feedback card solicits feedback from literate customers after their clinic visits; and 2) an exit interview form which can be used periodically by clinics to record information about customer satisfaction. A copy of both tools is included in the Appendix.

As a follow up to UFHP's recent retreat in which customer satisfaction was identified as an important area for renewed focus, UFHP working group is currently devising guidelines to ensure that clinics utilize these tools or produce their own systems to periodically collect and respond to customer feedback. UFHP feels that this is particularly important in the light of the NIPHP BCC campaign.

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

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

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

Priority areas of collaboration with the GOB include:

- ◆ LTFP: The GOB sponsored a series of four regional LTFP workshops with UFHP to improve coordination between UFHP clinics and local government officials, helping to ensure timely receipt of both District Technical Committee (DTC) approval for their LTFP activities and supplies necessary for carrying out LTFP services delivery. UFHP is also working to establish linkages between UFHP clinics and their respective Assistant Directors of Clinic Contraception (ADCC) for technical support in the provision of LTFP services. UFHP recently streamlined Norplant insert procurement procedures, reaching an agreement with the Directorate of Family Planning. From April 30<sup>th</sup>, 2001 Norplant implants will be procured by UFHP centrally and distributed to all UFHP sites providing Norplant services.
- ◆ Urban TB program: UFHP, through the NGOs Image, Mamata, and Nishkriti, continues to collaborate with the GOB and Chittagong City health authorities to assist in the implementation of the National TB Control Program (NTP) in Chittagong City Corporation. In May 2000, UFHP signed an MoU with the GOB to undertake similar activities in Khulna City Corporation through FPAB and Banophul-managed clinics beginning October 2000. The MoU also allows UFHP to expand the program in all urban areas of Bangladesh. But UFHP has decided to limit its TB program in Chittagong and Khulna to observe its progress and impact. The GOB program utilizes a direct observed treatment short course (DOTS) strategy. UFHP is assisting the GOB in carrying out its TB program in both Chittagong and Khulna through providing routine default tracing and domiciliary DOT on an emergency basis in the City Corporation wards which are UFHP catchment areas. The MoUs between the GOB and UFHP assign responsibility for following TB cases in UFHP wards to UFHP. In addition, UFHP established two lab facilities for TB smear screening in Chittagong and 3 in Khulna. Per the MoUs, and GOB policy, UFHP may charge only a Tk 5 registration fee to undiagnosed TB patients, providing ongoing treatment free of charge once the diagnosis is made. UFHP will follow NTP mandated patient categorization, treatment regimens and reporting systems. The Chittagong and Khulna City Corporations supply necessary drugs, laboratory material, forms and registered to UFHP clinics implementing the NTP.
- ◆ NSV and Norplant: UFHP has launched NSV and Norplant services in selected clinics and using MOHFW/DGFP training courses, run by GOB staff, to train our doctors and paramedics. However, while the DGFP has issued directives to district offices to provide institutional reimbursement, MSR and other supplies to UFHP NGOs, obtaining these supplies and funds remains a problem. UFHP clinics are also working to reach formal understandings with local GOB officials to conduct NSV and tubectomy sessions at UFHP clinics.
- ◆ Participation on NIDs: UFHP is committed to assisting Bangladesh's polio eradication efforts and participates with IOCH and the GOB to meet this end. UFHP as the single most consistent urban health service provider in Bangladesh, has been complementing the government efforts to eradicate poliomyelitis since December 1997. Since then apart from routine immunization activities, UFHP service delivery networks have been actively taking part in all the NIDs. The highlights of the activities centering around the NIDs included:

- ◆ At the central level:
  - Attending the national/policy level meetings on the NIDs by the senior level staff from UFHP.
  - Issuing guidelines for UFHP NGOs to effectively participate in NIDs.
  - Developing and distributing BCC materials among the NGOs.
  - Supporting the GOB's decision to replicate UFHP's NID reminder card and developing a common card format.
  - UFHP staff participation in observing the NID-related activities of UFHP NGO clinics and other government/non-governmental agencies at the request of the GOB.
- ◆ At the local level:
  - Attending the divisional, district and *thana* level advocacy/coordination meetings organized by the relevant government/non-government organization on the observance of NIDs.
  - Actively participating in the NIDs: UFHP clinics provided OPV 1,523,372 times during NIDs held in the last 6 months alone.
  - Social mobilization and awareness building through both electronic (auditory and audio-visual) and printing (banners, posters, leaflets, reminding materials for the next rounds etc) media well ahead of each NID.
  - Sending NID performance reports to the concerned government/non-government agencies locally and to UFHP HQ.
- ◆ Timely approval of UFHP clinics: UFHP has successfully obtained DTC approval of all its clinics.

## **E. Collaborating with Partners**

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

UFHP maintains working relationships with NIPHP partners (e.g., RSDP, SMC, QIP, Deliver, ICDDR, IOCH, and PRIME), UFHP Management Partners, Service Delivery Partners and others.

- ◆ NIPHP Partners: UFHP is an active member of a number of collaborative working groups with our global partners. A partial list follows:
  - ◆ PRIME: UFHP is a member of the Training Management Group which meets quarterly to review training needs and issues. Issues addressed this past six months have included the development of a pre-service training program for FWVs, distance learning activities for NIPHP clinics, training updates, and training needs. In addition, UFHP has worked closely with PRIME to develop our Safe Delivery Program training.

- ◆ QIP: UFHP is an active member of QIP's working group tasked with revising the QA checklist and developing a QMS. UFHP staff drafted revised checklists, developed draft indicators and proposed a QMS which complements UFHP QA efforts. UFHP also actively supported the analysis of quality data recently completed by an external consultant from Engender Health, and have incorporated these indicators into our NGO reporting analysis. In addition, UFHP has worked closely with QIP in the development of the PAC training program and on ongoing LTFP training.
- ◆ IOCH: UFHP is member of a regular working group lead by IOCH to address EPI and other child health issues. UFHP prepared an EPI survey summarizing the availability of EPI services at all UFHP service delivery sites including clinics and satellite spots for IOCH. Based on the findings of the survey, UFHP and IOCH drafted strategies for addressing systemic and regional problems. A letter was sent to all UFHP clinics clarifying the role of the OSO and encouraging close collaboration.
- ◆ Deliver: UFHP collaborates with Deliver to conduct regional logistics training workshops for all UFHP clinics. UFHP met with Deliver staff to review the logistics curriculum and to tailor the training to meet UFHP's training needs. In addition, UFHP has been working with Deliver to redesign our logistics IS to provide timely information to support effective logistics management at the local level.
- ◆ UFHP Management Partnership: UFHP meets monthly with our three management partners – PSTC, CWFD and BCCP – to review strategies for working more collaboratively. Issues addressed have included seconded staff, strategic plans, training coordination, curricula revisions, and UFHP program updates.
- ◆ Service Delivery Partnership: UFHP has sub-agreement partnerships with 25 local level NGOs for delivering ESP services at selected municipalities and city corporations. UFHP works closely with our service delivery partners. Each NGO is assigned a Technical Support Coordinator who regularly visits the NGO and clinics to identify areas for improvement and works with the programs to make needed improvements. In addition, UFHP provides ongoing dissemination sessions and training programs to inform NGO and clinic staff of UFHP priorities and to build skills.
- ◆ Non-NIPHP Partners: UFHP works with a number of other partners directly or indirectly to strengthen urban services delivery. Among these partners are the following:
  - ◆ Urban Primary Health Care Project (UPHCP): UFHP meets regularly with UPHCP and is a member of their regional working groups to improve coordination between UFHP and UPHCP clinics at the local level.
  - ◆ WHO: UFHP collaborates with the WHO and the GOB to implement the NTP, providing TB services in Khulna and Chittagong.
  - ◆ FHI: UFHP is collaborating with FHI to develop a peer education curriculum on HIV/AIDS prevention, and to update the STI management skills of UFHP practitioners working with at-risk populations.

- ◆ FOCUS: UFHP is working with FOCUS to produce a series of 4 booklets on ARH Frequently Asked Questions.

## F. Outstanding Strategic Issues to be Resolved

There are a number of strategic issues concerning UFHP at present:

- ◆ Long Term Family Planning Methods: Demand for long term family planning methods is low. A number of factors contribute to this low demand. First, short-term family planning methods have been well promoted at the expense of long term family planning methods for the past decade. Second, there are many misconceptions about the side-effects and benefits of long term family planning methods among customers. Third, short-term family planning methods are non-invasive and require less commitment from customers and are, therefore, more acceptable. Fourth, UFHP is particularly challenged to promote LTFP methods as our goal of providing informed free choice among family planning methods conflicts with the policy of other LTFP providers who provide institutional reimbursement for such service.
- ◆ Building capabilities of management partners and NGOs: UFHP must effect a culture change among NGO leadership if NGOs are to be committed to long term planning. UFHP plans intensive trainings during the coming year to support skill development. However, fostering an entrepreneurial attitude requires more than just training.
- ◆ Contraceptive supply: Supply of injectables remains a problem in a few locations. UFHP received some buffer stock from SMC (with USAID's assistance), and this has provided a short-term solution to this chronic problem. UFHP is continuously working with GOB officials both at national and local levels to ensure availability of contraceptive supplies.
- ◆ EPI coverage and vaccine supply: UFHP continues to have isolated problems in obtaining access to vaccine supplies. The problem stems from difficulties in negotiating with local GOB or municipal representatives who may or may not acknowledge UFHP as a helpful resource in extending coverage. Because of UFHP's fee-for-service policy, Civil Surgeons occasionally balk at issuing vaccines. Nationwide agreement on a pricing policy for vaccines does not exist, and while most areas accept the small UFHP charges as reasonable and appropriate, others demand free service. Still others (such as the Chittagong City Corporation) charge all service providers for vaccine supplies. To date, it seems that the pricing issue is mostly confined to MOHFW relationships, while the coverage issue is more focused on *pourashavas*, who often insist their staff can handle EPI coverage adequately without UFHP help. We have established a close working relationship with IOCH, and are hopeful that this will help us to improve the situation.
- ◆ CD/VAT for vehicles: UFHP's new, USAID-approved vehicles have arrived in country, and are currently awaiting registration due to the lack of CD/VAT funds from GOB. This delay in registration is costing the project more money as vehicles must be rented to support project activities. The issue is actively being followed-up by UFHP and USAID.

### **G. Pipeline Analysis**

UFHP's project pipeline stood at \$1,248,994 as of 31 March 2001. This pipeline includes USAID obligations totaling \$21,649,261, an amount intended to cover the period from project start-up to 30 June 2001 (see Attachment P).

**UFHP**  
**Abbreviations, Acronyms and Foreign Words**

AHE	Adolescent Health Educator
ARH	Adolescent Reproductive Health
ADCC	Assistant Director Clinical Contraception, GOB
ANC	AnteNatal Care
ARI	Acute Respiratory Tract Infection
AITAM	Associates In Training And Managements
BCC/M	Behaviour Change Communication and Marketing
BCCP	Bangladesh Centre for Communication Programs
BGMEA	Bangladesh Garments Manufacturing & Export Association
CDD	Control of Diarrhoeal Disease
CA	Cooperative Agency
COPE	Client Oriented Provider Efficient
CMC	Clinic Management Course
CEOE	Comprehensive Essential Obstetric Care
CPC	Clinic Promotion Campaign
CWFD	Concern Women for Family Development
CD/VAT	Customs Duty/Value Added Tax
DTC	District Technical Committee
DDFP	Deputy Director of Family Planning
DGFP	Director General of Family Planning
DOTS	Direct Observe Treatment Course Strategy
EC	Executive Committee
EPI	Expanded Programme on Immunisation
ESP	Essential Services Package
FWV	Family Welfare Visitor
FAM	Finance and Administrative Manager
FHI	Family Health International
FP	Family Planning
FPAB	Family Planning Association of Bangladesh
FAQ	Frequently Asked Question
HAC	HIV/AIDS Counsellor
HQ	Head Quarter
IMCI	Integrated Management of Childhood Illnesses
IOCH	Immunisation and Other Child Health Project
IPC/C	Inter Personal Communication/Counselling
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IUD	Intrauterine Device
ICMH	Institute of Child and Maternal Health
IEC	Information, Education, Communication
IR	Immediate Result
IS	Informantion System
IPHN	Institute of Public Health and Nutition
IPC/C	Interpersonal Communication/Course

LTFP	Long Term Family Planning
MOU	Memorandum of Understanding
MIS	Management Information System
MSR	Medical and Surgical Requisites
MCH-FP	Maternal and Child Health -Family Planning
MMR	Maternal Mortality Rate
MOHFW	Ministry of Health and Family Welfare
MSM	Men having Sex with Men
MSCS	Marie Stopes Clinic Society
NLO	NGO Liaison Officer
NIPHP	National Integrated Population & Health Programme
NID	National Immunisation Day
NSV	Non Scalpel Vasectomy
NTP	National TB Control Programme
NIPORT	National Institute for Population Research and Training
ORS	Oral Rehydration saline
ORP	Operation Research Project
OGSB	Obstetric and Gynaecological Society of Bangladesh
ODPUP	Organisation of Development Programme for the Underprivileged
OJT	On Job Training
PC	Population Council
PRIME	Primary Programme Training and Evaluation in RH
PSTC	Population Services & Training Centre
PIS	Personnel Information System
PAC	Post Abortion Care
PNC	Postnatal Care
QIP	Quality Improvement Partnership
QAO	Quality Assurance Officer
QMS	Quality Monitoring System
RH	Reproductive Health
RDF	Revolving Drug Fund
RDU	Rational Drug Use
RTI	Reproductive Tract Infection
RFP	Request For Proposal
STI	Sexually Transmitted Infection
SMC	Social Marketing Company
SP	Service Promoter
SSP	Senior Service Promoter
TB	Tuberculosis
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TA	Technical Assistance
TT	Tetanus Toxoid
UPHCP	Urban Primary Health Care Project
USAID	United States Agency for International Development
WHO	World Health Organisation

Attachment A  
Private Sector Linkages for ESP Services Delivery concept note

## Private sector linkages for ESP service delivery: A concept note

Over the past two years, UFHP has been exploring the possibility of linking with health care providers in the private sector as a means of ensuring a sustainable network of urban ESP services. UFHP believed the private sector to be a sustainable ESP service delivery option both because private sector providers are plentiful in urban areas and because they tend to be able to access capital that would allow for cross-subsidization of ESP services at UFHP project end.

### Considerations from the Feasibility Study:

In 1999, UFHP conducted a franchising feasibility study to look more closely at these assumptions. The study findings recommended that UFHP focus on working with industry-based clinics and charitable trust hospitals, "grafting" a UFHP ESP clinic onto an existing operation. The study also raised several important issues that UFHP must keep in mind as it moves forward with its private sector initiative:

**Motivating the "franchisee":** Franchising works because both the "franchiser" and the "franchisee" stand to gain from the relationship. For the franchisee, one of the main motivations for opening a franchise is income. UFHP NGOs currently recover, at most, 25% of the cost of providing ESP services. This means that there can be little financial incentive for private sector providers to provide ESP services through a franchise relationship with UFHP, unless they can convert some of their ESP customers into paying curative care patients (see below). In fact, private sector providers will likely end up subsidizing ESP service delivery in their sites at UFHP project end. Moreover, there may be additional costs to private sector providers in linking with UFHP: Several providers pointed out that having large numbers of poor patients on their premises would be inconvenient for their wealthier customers and would detract from their image.

**Ensuring quality:** In order to protect UFHP's image, UFHP will need to ensure the quality of the ESP services provided at all "franchised" sites. Depending on the number of sites franchised, this will increase UFHP's monitoring and technical assistance burden. UFHP may have to be especially vigilant with regards to conversion of ESP customers to curative care patients given the incentive for franchisees to attempt to make the provision of ESP more profitable.

### Strategy:

Based on the findings of the franchising study and keeping the above outlined considerations in mind, UFHP has developed the following strategy for its private sector initiative.

- 1. Focus on private providers with a heart:** UFHP must identify private providers who are willing to graft ESP services on to their additional portfolio for little financial gain and who, like UFHP, are geared towards serving underserved urban Bangladeshis.

2. **Go for the big fish:** UFHP must focus on efficiency in undertaking this initiative. It is important that we gain as much as possible in terms of ESP service coverage for our inputs and add as little additional monitoring work to our portfolio as possible. Therefore, UFHP must target larger private sector providers with good customer bases who can significantly add to UFHP's service coverage and who are capable of taking over UFHP supported activities on UFHP project end.

**Mechanisms for collaboration:**

UFHP's approach to establishing collaborative relationships is to meet with potential partners to assess their interest in the types of inputs and technical assistance that UFHP can provide. Based on the needs of the potential partner and the potential benefit of the collaboration to UFHP in terms of increased service coverage and greater sustainability, UFHP is prepared to offer any or all of the following inputs: full or part time UFHP providers trained in ESP services delivery to work in existing clinics, ESP service delivery equipment for use in existing clinics, complete ESP service delivery contracts for UFHP satellite team service, or full or partial start up funding for new ESP clinic set up on the premises of the collaborating organization.

**Status of current and planned initiatives:**

Based on the above strategy, UFHP is targeting charitable and trust hospitals, private medical college hospitals, and industry-based clinics for its private sector initiative.

**ICDDR,B/UFHP Collaboration:** In December 1999, UFHP established a clinic on the ICDDR,B campus, with a view to taking over treatment of a large proportion of ICDDR,B hospital's Plan A and uncomplicated Plan B CDD cases. Through this site, UFHP now serves an average of 4000 CDD cases per month; in December 2000, the UFHP clinic served 50 percent of the hospital's CDD caseload. UFHP is currently talking with ICDDR,B about the possibility of expanding this collaboration to another UFHP site outside the ICDDR,B campus, so that UFHP can serve an even greater percentage of ICDDR,B customers, lightening the load on the hospital.

**Possible collaboration with the National Diagnostic Network (NDN):** UFHP has had initial discussions with officials at the NDN about the possibility of collaborating in the provision of ESP services at their network clinics. Because of the NDN's link to the Diabetic Association of Bangladesh and Birdem Hospital, NDN clinics began with a focus on diabetes and associated conditions. Most NDN clinics provide curative care, supplemented by such ESP services such as ANC. UFHP is exploring the possibility of linking with the NDN to expand upon the services currently offered, adding such services as PNC, EPI, and FP through satellite sessions held within existing NDN clinics.

The NDN is currently planning 2 additions to its existing network, and UFHP is interested in collaborating with the NDN to ensure that the broad range of ESP services is available through these clinics. UFHP is talking with the NDN about the possibility of a

joint effort, with UFHP providing inputs such as clinicians trained in ESP service provision, standards, equipment, and marketing for a fixed period of time.

**Private medical college hospitals:** UFHP is exploring the possibility of establishing ESP clinics in Bangladesh's private medical college hospitals. While the details are still in discussion, a potential model for collaboration could see UFHP providing initial inputs through its existing NGO network, with the private medical college hospitals providing student trainees in ESP services delivery.

**Expression of interest from Radda MCH-FP Centre:** UFHP has received an expression of interest in collaboration from the Dhaka-based Radda MCH-FP Centre. Radda MCH-FP Centre operates a 7 MCH-FP units which serve approximately 300,000 women and children every year, more than 17,000 of whom are ANC customers; 40% of these ANC customers are subsequently delivered by Radda-based trained TBAs in their homes. UFHP will soon be meeting with Radda representatives to discuss possibilities for both collaboration on ESP-related referrals or service delivery and as well as a possible joint initiative linked to UFHP's Safe Delivery Initiative.

**Industry-based clinics:** UFHP NGOs currently provide practitioners and/or other inputs to clinics in more than 70 factories as a part of their service delivery activities. These initiatives are typically begun at the NGO level with support from UFHP HQ, and they have proven to be highly effective ways for UFHP to increase coverage. In some cases the income from these activities more than covers the cost of the activity itself, with profit used to cross-subsidize services for poorer populations. UFHP will continue to encourage its NGOs to pursue similar arrangements throughout the network under Action Programme 3c in the UFHP workplan.

**Attachment B**  
**Expanding Access to ESP Services through Collaboration with Garment Factories**  
**concept note**

## Expanding Access to ESP Services through Collaboration with Garment Factories: A Concept Note

In order to reach a greater number of underserved urban Bangladeshis with ESP services while building the sustainability of the ESP programme, UFHP encourages its NGOs to establish service provision agreements with garment factories. Garment factories are good candidates for collaboration because the majority of garment workers are young women of reproductive age, a key target group for UFHP.

### Potential models for collaboration:

There are numerous models for collaboration with garment factories, which vary according to 3 main factors:

1. **Service location:** Services may be provided either at the factory itself or at another site owned by the factory, or at a UFHP facility. In many instances, UFHP provides services to garment workers at the factory site, taking advantage of the fact that the factory brings together groups of target customers by virtue of their work, making it easier for us to reach them. However, not all factories may have space available to be used for a static or satellite site. In these instances, UFHP has successfully used its health card scheme to help garment factory owners provide their workers with access to ESP services at nearby UFHP clinics.
2. **Service package offered:** UFHP clinics are prepared to offer services for garment workers ranging from BCC-related activities (health information meetings, health fairs, individualised counselling) to full-time, physician-provided ESP services. Current arrangements between UFHP clinics and garment factories typically provide for some combination of ESP service provision and supporting BCC activities. The most common model combines the provision of ESP services through an often physician-staffed satellite clinic with group meetings by clinic-level BCC team members. In some instances, garment factories have provided a clinic and equipment, paying UFHP NGOs to provide a part-time doctor trained in ESP service provision.
3. **Financing arrangement:** UFHP services may be either purchased by the garment factory owners in part or fully, or may be paid for directly by the factory workers. In UFHP experience, the most common arrangement is that factory owners pay a fixed fee to a UFHP clinic (determined by the clinic or NGO) to provide ESP services on site. Depending on the agreement with the factory, garment workers may or may not be asked to pay for services provided in addition to the fixed rate paid by the factory owner. Some UFHP clinics have also marketed UFHP health cards to the garment workers directly so that their families may also access ESP services at UFHP sites outside the factory.

### Status of UFHP's garment factory initiative:

UFHP NGOs are currently providing services in more than 70 garment factories throughout urban Bangladesh. ESP services are provided by UFHP clinics through formal or informal agreements with individual garment factories. The majority of the services provided in the garment factory setting are reproductive health, family planning and limited curative care services.

UFHP's early experience from its garments factory work has shown that:

- Garment factories can provide a substantial number of ESP priority contacts. Contacts from garment industry collaboration are estimated to have reached as high as 15% of total contacts at some clinics. Those UFHP clinics that have successfully marketed health cards to garment workers have now benefited from accessing the families of garment workers as well.
- Agreements with the garment factories have the potential to not only cover the cost of providing services in the factory, but also to subsidise other ESP programmes. Some NGOs have found that garment factory managers are eager to pay large amounts of money for access to reliable, high quality health care for their workers.
- Agreements with garment factories can contribute to the sustainability of the ESP programme. As these agreements are made between the UFHP NGO and specific factories, they can serve as mechanism to foster sustainability beyond UFHP project end.

**UFHP's strategy for strengthening collaboration with garment factories at the NGO level:**

In order to build upon initial success in collaborating with the garment industry, UFHP uses the following approach:

1. **Share information on collaboration opportunity:** UFHP is currently compiling information on the current UFHP NGO-garment factory collaboration throughout its network. Once summarized, UFHP will feed this information back to the NGOs to illustrate both the potential for increased reach and sustainability and the many possible models for collaboration.
2. **Teach NGOs to identify local opportunities and viable models for collaboration:** UFHP will encourage its NGOs to identify opportunities available at the local level, providing guidance on identification on potential collaborators and assessment of their interest in various models.
3. **Focus on sustainability:** In order to encourage the long-range sustainability of the ESP program, UFHP will put priority on helping its NGOs to set the price for ESP services appropriately in order to promote clinic financial sustainability and will encourage formal agreements between UFHP clinics and garment factories.
4. **Provide UFHP Headquarters support:** UFHP will provide support from headquarters as needed to foster new collaboration with garment factories.

**Attachment C**  
**Institutional Development Workshop Series agendas**

Institutional Development Work Shop Series – 1  
November 2000

**DAY 1**

9:00-10:30 Identifying Key Areas of Responsibility

Tea

10:45-1:00 Building Demand

Lunch

2:00-4:00 Maintaining High Quality

Tea

**DAY 2**

9:00-10:45 Effective Financial Management

Tea

11:00-1:00 Strategies for Financial Success

Lunch

2:00-3:45 Data for Decision-Making

Tea

4:00-5:00 UFHP Technical Assistance & Expectations  
Finalize Job Descriptions

**Institutional Development Work Shop Series – 1  
February 2001**

**AGENDA**

**DAY 1**

- 8:30 Welcome and Overview of Work Shop
- 10:00 Program Development Strategies
- 11:00 Tea
- 11:15 Program Development Strategies – cont.
- 1:00 Lunch
- 2:00 Governance and Leadership
- 3:45 Tea
- 4:00 Governance and Leadership – cont.
- 5:00 Adjourn

**DAY 2**

- 8:30 Introduction
- 9:00 UFHP IS System Review
- 10:45 Tea
- 11:00 Data for Decision-making
- 1:00 Lunch
- 2:00 Financial Sustainability and Pricing Strategies
- 3:30 Tea
- 3:45 Use of Revenue Funds
- 4:30 Next meeting

**Attachment D**  
**BCC/Marketing Plan format**



## Quarterly BCC/marketing Plan

BCC/M Activity	Month 1					Month 2					Month 3				
	Week1	Week2	Week3	Week4	Week5	Week1	Week2	Week3	Week4	Week5	Week1	Week2	Week3	Week4	Week5
ESP and Clinic Promotion activities *  <div style="text-align: right; padding-right: 20px;">             Discount program 1              Miking 1              Leaflet distribution              Hang posters and banners              Local theater event 1              Baby show 1              Rally 1              Other           </div>															
Special Initiatives activities  <div style="text-align: right; padding-right: 20px;">             HIV/AIDS program outreach              ARH program rally at university campus              Safe delivery program promotional activity           </div>															
National Events  <div style="text-align: right; padding-right: 20px;">             National Day 1              National Day 2           </div>															
PR Activities  <div style="text-align: right; padding-right: 20px;">             Meeting with stakeholder 1              Meeting with referral center 2              Meeting with stakeholder 2           </div>															
Group Meetings *  <div style="text-align: right; padding-right: 20px;">             Group meeting theme 1              Group meeting theme 2              Group meeting theme 3              Group meeting theme 4           </div>															
Customer Satisfaction Assesment activities  <div style="text-align: right; padding-right: 20px;">             Implement customer exit survey              Review and follow up customer suggestions           </div>															

\* Link at least 2 ESP Program Activities and 2 Group meeting themes to the NIPHP.BCC category campaign for the quarter

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**Attachment E**  
**Customer Feedback Form**



## পারিবারিক স্বাস্থ্য ক্লিনিক

কাস্টমারের মতামত

১. ক্লিনিকে আমাদের অভ্যর্থনা কেমন ছিল ?



২. যে সেবা / তথ্য আপনি ক্লিনিক থেকে পেয়েছেন তা কেমন ছিল ?



৩. সেবাদানকারীর আচরন/ব্যবহার আপনার কাছে কেমন লেগেছে ?



৪. সেবাদানকারী আপনার অন্যান্য স্বাস্থ্য সেবা সম্পর্কিত তথ্য জানতে চেয়েছিলেন কি ?

হ্যাঁ  না

৫. সেবাদানকারী আপনার পরিবারের অন্যান্য সদস্যদের স্বাস্থ্য সেবা সম্পর্কে জানতে চেয়েছিলেন কি ?

হ্যাঁ  না

৬. আমাদের ক্লিনিকটি আপনার কাছে কেমন লেগেছে ?



৭. আপনার মতে ক্লিনিকে সেবার মান বৃদ্ধির জন্য কি করা প্রয়োজন ....

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পারিবারিক স্বাস্থ্য ক্লিনিক

পি এস কে পি

৩১৬ শিল্প এলাকা তেজগাঁও ঢাকা-১২০৮

টেলিফোন - ৮৮১-৬০১৫

Attachment F  
Training Conducted Under UFHP Auspices

## Training Conducted Under UFHP Auspices within Bangladesh

October 2000 - March 2001

Course Name	Length (Days)	#	# of Trainees	Training Organizations	Category of Participants
Clinic Management Training	12	10	243	AITAM	Paramedic
Child Survival Intervention	10	8	122	AITAM, BRAC, Radda	Paramedic
Other Reproductive Health	11	9	143	ICMH, OGSB, CWFD, MSCS	Paramedic
Combined ORH-CSI	12	3	49	ICMH	PD, PM, CM, MO
Rational Drug Use	3	2	35	QIP/Engender Health	PD/PM, MO
Inter Personal Communication Basic	5	2	42	BCCP/PSTC	Counselor
Inter-Personal Communication Refresher	5	3	39	PSTC	Counselor
BCC/M Basic	5	5	95	BCCP	SSP/SP
BCC/M Refresher	5	1	17	BCCP	PD/PM, SSP
MIS Orientation	1	2	28	UFHP	DO
Orientation for FAM	1	1	32	UFHP	FAM/PD/CM
Institutional Development Workshop Series 1-	2	4	154	UFHP	PD, PM, FAM
Norplant	5	2	24	GOB	CM/MO, Counselor
Tuberculosis	2	1	2	GOB	Lab Tech
Tuberculosis	6	1	11	GOB	PD, PM, CM, MO
No-Scalped Vasectomy	8/4	3	34	AITAM	CM, Paramedic
Tubectomy	12/6	3	29	AITAM	CM, Paramedic
OJT Nutrition	4	16	269	BCCP, CWFD, PSTC	PM/CM, Paramedic, Counselor
Advances in Family Health	12	1	3	BCCP	SSP
HIV/AIDS Communication - Orientation	2	2	26	CWFD	SSP, SP, Counselor
HIV/AIDS Communication - Refresher	3	7	98	CWFD	CM, HAC, SSP, SP, Counselor
Safe Delivery	4 weeks	2	17	OGSB	MO, Nurse
Dissemination - ARHP	1	1	56	UFHP	PD, CM, TSC
Update Workshop	8	1	30	QIP, UFHP	TSC
Technical TOT - SDP	2 weeks	1	2	PRIME	TSC
Teaching TOT - SDP	1 week	1	2	PRIME	TSC
Research Methodology	4 weeks	1	1	ICMH	TSC
TOT on PAC	1 week	1	2	PRIME	TSC
<b>Total</b>		<b>95</b>	<b>1605</b>		

**Attachment G**  
**Management Support Checklist**

Assessment Visit Checklist

Dates of Visit: \_\_\_\_\_

TSC: \_\_\_\_\_

NGO: \_\_\_\_\_

Service Sites Visited

Static Clinic(s) \_\_\_\_\_

\_\_\_\_\_

Upgraded Clinic(s) \_\_\_\_\_

\_\_\_\_\_

Satellite Spot(s) \_\_\_\_\_

\_\_\_\_\_

Participants: \_\_\_\_\_

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### Assessment Visit Checklist

#	Category	NGO		Clinic		Remarks
		Y	N	Y	N	
<b>A. Governance and Management</b>						
Leadership and management						
1	The NGO EC meets at least quarterly and prepares minutes					
2	NGO EC meetings include a review of financial performance					
3	EC is familiar with and involved with direction of organization					
4	NGO clinic management have attended UFHP required management trainings					
5	NGO clinic staff are familiar with Strategic Plan priorities and status					
6	NGO clinic staff have identified problem areas and are taking appropriate action					
7	Management team is implementing a written work plan according to expectations					
8	NGO leadership meets regularly with Clinic Managers and staff					
9	NGO leadership has visited clinic site(s) within 3 months					
10	PD/PM/CM are knowledgeable about NLO and QA visit findings					
11	NGO clinic management review program statistics routinely					
12	Staff meet as a group and function as a team					
Human Resources						
13	Performance appraisals were performed on all staff w/in the year					
14	Staff have received required technical trainings					
15	All staff have received a systematic orientation and have written job descriptions					
16	All positions are approved and filled					
BCC/marketing						
17	All service sites are well marked with directional signage					
18	On-site signage includes office hours, fees and services available					
19	Satellite sites include signage for hours, fees and services					
20	All service sites are achieving contact/customer goals					
21	Group meetings are held as per plan					
22	BCC plan is being implemented					
23	Customer satisfaction was assessed at least once in the past 6 months and action taken					
24	At least one BCC activity was conducted in past 3 months					

#	Category	NGO		Clinic		Remarks
		Y	N	Y	N	
<b>A. Governance and Management – cont.</b>						
Network with Government						
25	NGO/clinic management has identified key stakeholders for clinical and programmatic success					
26	NGO/clinic management are establishing linkages with key stakeholders					
27	Management meets with key stakeholders (e.g., GOB quarterly)					
28	Clinic participates as member of local coordination committee					
29	Clinic collaborates with GOB and other stakeholders on national events					
30	Key stakeholders are invited to clinic					
<b>B. Clinical</b>						
Facilities and Flow						
31	Customers are seen first come, first served or by appointment					
32	Clinic lay-out is efficient					
33	Waiting area is adequately equipped with BCC materials and comfortable seating					
34	Clinic is clean including toilet, waiting area and exam rooms					
35	Restricted area is clean and organized according to guidelines					
36	Counselor and exam rooms are private, equipped and use BCC materials effectively					
37	Satellite clinic(s) are well located, visible, equipped and provide privacy					
Clinical Competence and Staff Attitudes						
38	Staff are friendly and helpful; customers are greeted and routed through clinic; attitude is appropriate					
39	Staff provide counselling to minimize missed opportunities					
40	Immunization services are provided in accordance with standard guidelines <sup>1</sup>					
41	Diagnosis and management of ARI services are provided in accordance with standard guidelines					
42	Diagnosis and treatment of diarrhoeal disease are provided in accordance with standard guidelines					
43	Diagnosis and treatment of RTI/STDs are provided in accordance with standard guidelines					
44	Diagnosis and treatment of ANC/PNC are provided in accordance with standard guidelines					
45	Diagnosis and treatment of FP services are provided in accordance with standard guidelines					

<sup>1</sup> To assess compliance with guidelines: 1) confirm availability of all manuals; 2) evaluate access to manuals by providers; 3) observe provider delivering services; 4) quiz provider on key elements of diagnosis and treatment, 5) review 3-5 ESP cards for compliance with guidelines; and 6) review prescriptions for appropriateness.

#	Category	NGO		Clinic		Remarks
		Y	N	Y	N	
<b>B. Clinical – cont.</b>						
Clinical Quality and Monitoring						
46	NGO and CM conduct visits to clinics & satellites to monitor quality and follow-up					
47	ESP card is used correctly – not duplicated, filled out correctly and purged routinely					
48	A follow-up mechanism is employed (flagging, appointment cards and SP follow-up)					
49	Drugs are available according to SDL; SMC products are available for sale					
50	Dispensed drugs are well packaged and labelled; prescribed rationally; dosage is explained to customer					
51	Laboratory tests are performed correctly					
52	Proper infection prevention procedures are followed (hand washing, use of antiseptics, sterilized equipment, disposal)					
53	Clinic has functioning RDF					
54	Clinic maintains adequate contraceptive supplies					
55	BCC materials are routinely used as visual aides					
<b>C. Financial and MIS</b>						
56	Data reports are provided to UFHP timely					
57	Management monitors budget versus actual expenditures monthly					
58	Payments are reasonable and allowable					
59	All furniture and equipment are marked with ID and inventoried yearly					
60	Service fees are recorded, receipts given to customers and deposits into bank accounts at least weekly					
61	Billing and collection procedures maximize revenues					
62	Cost recovery targets are being met					
63	Procedures provide for adequate controls					
64	Petty cash is maintained as per UFHP policy					
65	Records are maintained for drug sales, procurement and stock					
66	Cost containment is practiced					
67	Management reports are used for decision-making					
68	Health cards are being promoted and purchases are based on income					

**Attachment H**  
**Customer Satisfaction Exit Interview Form**

## EXIT INTERVIEW QUESTIONNAIRE CUSTOMER SATISFACTION MONITORING

ক্লিনিকের নামঃ \_\_\_\_\_

ক্লিনিকের ধরণঃ স্টেটিক ক্লিনিক / আপগ্রেডেড স্যাটেলাইট /  
স্যাটেলাইট ক্লিনিক

তারিখঃ \_\_\_/\_\_\_/\_\_\_

শ্রী সৃষ্টিজন, পারিবারিক স্বাস্থ্য ক্লিনিক থেকে উন্নত মানের স্বাস্থ্য সেবা প্রদান আমাদের অন্যতম লক্ষ্য। এই ক্লিনিক থেকে প্রদত্ত স্বাস্থ্য সেবার মান সম্পর্কে আপনার মতামত এবং উক্ত ক্লিনিকের সেবার মান কিভাবে আরও ভাল করা যায় সে বিষয়ে আপনার মূল্যবান পরামর্শকে আমরা যথাযথ গুরুত্ব দিই। ক্লিনিকের কোন বিষয়গুলো আপনার কাছে ভাল লেগেছে বা তেমন ভাল লাগে নাই সে সম্পর্কে আমরা আপনার মতামত জানতে চাচ্ছি। নীচের প্রশ্নসমূহ ভালভাবে বুঝে প্রযোজ্য এক বা একাধিক ঘরে টিক (3) চিহ্ন দিন। আপনার এই পরামর্শ ক্লিনিকের সেবার মান উন্নয়নে আমাদের সহায়তা করবে।

উত্তরদাতা/দাত্রীর তথ্য

বয়সঃ \_\_\_\_\_

পুরুষ / মহিলা

এলাকা/অবস্থানঃ \_\_\_\_\_

১. আপনি কোথা থেকে এই ক্লিনিক সম্পর্কে জেনেছেন?

- স্বামী / স্ত্রী  
 আত্মীয় স্বজন  
 বন্ধুবান্ধব/প্রতিবেশী  
 স্বাস্থ্যকর্মী/ ক্লিনিক কর্মী  
 টিভি  
 রেডিও  
 সংবাদপত্র  
 স্থানীয় ডাক্তার  
 অন্যান্য (যেমনঃ পোস্টার, মাইকিং, ইত্যাদি)

২. আপনি এই ক্লিনিক থেকে আপনার বা আপনার পরিবারের অন্যান্য সদস্যদের জন্য কি কি সেবা নিয়েছেন?

- শিশুর টিকা (ই পি আই)  পরিবার পরিকল্পনা সেবা  
 রোগ আক্রান্ত ৫ বৎসরের কম বয়সী শিশুর চিকিৎসা  যৌনরোগের চিকিৎসা  
 গর্ভকালীন/ প্রসবোত্তর সেবা  অন্যান্য রোগের চিকিৎসা  
 অন্যান্য

৩. এই ক্লিনিকে অপেক্ষা করার ব্যবস্থা কেমন ছিল?

- খুব ভাল  ভাল  মোটামুটি  
 ভাল না - দীর্ঘ সময় অপেক্ষা করতে হয়েছে  
 ভাল না - অপেক্ষা করার স্থান ভাল না

৪. ক্লিনিকের ডাক্তার/সেবাদানকারীর ব্যবহারে আপনি কতোটা সন্তুষ্ট?

- ❖ ডাক্তারঃ  খুব ভাল  ভাল  মোটামুটি  ভাল না  
❖ নার্স/প্যারামেডিকঃ  খুব ভাল  ভাল  মোটামুটি  ভাল না

৫. ক্লিনিকের অন্যান্য কর্মীর ব্যবহারে আপনি কতোটা সন্তুষ্ট?

- ❖ কাউন্সেলরঃ  খুব ভাল  ভাল  মোটামুটি  ভাল না  
❖ অন্যান্য কর্মীঃ  খুব ভাল  ভাল  মোটামুটি  ভাল না

৬. ক্লিনিকে সেবার মান কেমন ছিল?

- খুব ভাল  ভাল  মোটামুটি  
 ভাল না - ডাক্তার/নার্স সমস্যা সমূহ মনোযোগ সহকারে শোনে নাই  
 ভাল না - যথাযথ গোপনীয়তা রক্ষা করা হয় নাই  
 ভাল না - ক্লিনিক অপরিষ্কার অপরিচ্ছন্ন ছিল  
 ভাল না - প্রয়োজনীয় তথ্য অথবা উপদেশ প্রদান করে নাই  
 ভাল না - যথাযথ শারীরিক পরীক্ষা করা হয় নাই  
 ভাল না - অন্যান্য (যেমনঃ \_\_\_\_\_)

৭. আপনি যে সেবা চেয়েছিলেন বা আপনার যে ধরণের স্বাস্থ্য সেবা প্রয়োজন তা মেটাতে আমরা আপনাকে কতটুকু সন্তুষ্ট করতে পেরেছি?

- খুব সন্তুষ্ট  সন্তুষ্ট  মোটামুটি সন্তুষ্ট  
 সন্তুষ্ট না - কাঙ্খিত সেবা/সেবাসমূহ পাই নাই  
 সন্তুষ্ট না - প্রয়োজনীয় ঔষধ/ টিকা পাই নাই  
 সন্তুষ্ট না - অন্যান্য (যেমনঃ \_\_\_\_\_)

৮. ক্লিনিকের কোন সময়সূচী আপনার জন্য উপযুক্ত?

- সকাল ৯টার থেকে দুপুর ১২টা  
 দুপুর ১২টার পর থেকে ৩টা  
 বিকাল ৩টার পর থেকে ৫টা  
 বিকাল ৫টার পর থেকে রাত ৮টা

৯. আপনি কি আপনার আত্মীয়-স্বজন/প্রতিবেশীদের প্রয়োজনবোধে এই ক্লিনিক থেকে স্বাস্থ্য সেবা নিতে বলবেন?

- হ্যাঁ  না

১০. যদি প্রয়োজন হয়, তবে পরবর্তীতে আপনি আপনার নিজের জন্য অথবা পরিবারের অন্য কারো জন্য এই ক্লিনিক থেকে স্বাস্থ্য সেবা নিতে আসবেন কি?

- হ্যাঁ  না

১১. ক্লিনিকের কার্যক্রম উন্নয়নে আপনার মূল্যবান পরামর্শ চাচ্ছি যা ক্লিনিকের সেবার মান উন্নয়নে সহায়তা করবে।

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ধন্যবাদ!

**Attachment I**  
**IS Forms and Reports**

Date: <b>DAILY TALLY SHEET</b>				TOTAL
Starting Serial No:	Ending Serial No:		Total forms in batch:	
Age	Female	Male	# of New Registrants:	
Children < 1 yr			# Non-Health Card Holders:	
Children 1-4 yrs			# Red Health Card Holders:	
Children 5-9 yrs			# Yellow Health Card Holders:	
Adols 10-14 yrs			# Blue Health Card Holders:	
Adols 15-19 yrs				
Adults 20-29 yrs				
Adults 30-49 yrs				
Adults 50+ yrs				
Total				
Subtotal Collection for Registration and Health Card Sales				

Child Health:			
Immunizations			
BCG			
DPT 1			
DPT 2			
DPT 3			
Polio 1			
Polio 2			
Polio 3			
Polio 4			
Measles			
CDD (Diarrhoea)			
No dehydration -A			
Some dehydra -B			
Severe dehydra - C			
Dysentery			
Vitamin A			
< 1 yr			
1-4 yrs			
ARI			
Cough			
Pneumonia			
Severe pneumonia & severe disease			
Maternal Health:			
ANC			
1			
2			
3			
3+			
PNC			
1 <sup>st</sup>			
Revisit			
Vit A Supplement			
TT - pregnant			
1			
2			
3			
4			
5			

Pg 2 DAILY TALLY SHEET		TOTAL
TT – non pregnant		
1		
2		
3		
4		
5		
Other		
Delivery performed		
PAC		
Iron Folate		
Referral for Delivery		
Other Referral		
Family Planning:		
Method		
Pills		
Condom		
Injectable		
IUD		
Norplant		
Vasectomy		
Tubectomy		
Other Service		
Follow-up method		
Counseling Only		
IUD Removal		
Norplant Removal		
Complication Management		
Pill		
Injectable		
IUD		
Norplant		
Sterilization		
External Referral		
Vasectomy		
Tubectomy		
IUD		
Norplant		
Other Health Services:		
RTI/STDs		
Female –VDS: Cervicitis		
Female VDS: Vaginitis		
Female - LAP		
Female – GU/IB		
Male – GU/IB		
Male UD/SS		

Pg 3 DAILY TALLY SHEET		TOTAL
Communicable Disease		
TB		
Malaria		
Other		
Limited Curative Care		
Services offered to Adolescents (15-19 years)		
FP Method		
TT		
Nutrition Counseling:		
Adolescent		
Pregnant		
Lactating		
Severely malnourished		
Laboratory:		
Blood Test		
Hb		
ANC/syphilis Screening		
HIV/AIDS		
Other (TC/DC, ESR, etc)		
Urine Test		
Sugar		
Albumin		
Pregnancy Test		
Other		
ESP Subtotal Fee (Price List)		
ESP Collections (Actual Payment)		
Drugs and Commodities Dispensed:		
SMC		
ORS Sach		
Pill cycle		
Condom (piece)		
Injectable (amp)		
GOB Supplier		
ORS Sach		
Pill cycle		
Condom (piece)		
Injectable (amp)		
IUD (piece)		
Norplant (set)		
ESP Lab		
Drugs		
Drug and Commodities Subtotal Fee		
Drug and Commodities Collections		

# Age and Sex Worksheet

Age	Females	Males
< 1 yr		
1 -4 yrs		
5-9 yrs		
10-14 years		
15-19 years		
20-29 years		
30-49 years		
50+ years		
Total		

# MONTHLY PERFORMANCE REPORT

Total Compilation from

NGO ( )

# of Workdays:

March 2001

Clinic # 01 ( )

# of Satellite Sessions:

# of Satellite Teams:

# of Upg. Satellites:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite / Team	Clinic	Total
		Day	Evening				
<b>A. CHILD HEALTH</b>							
<b>A.1: EPI (Children under 1 year of age)</b>							
Immunizations	BCG						
	DPT 1						
	DPT 2						
	DPT 3						
	Polio 1						
	Polio 2						
	Polio 3						
	Polio 4 Measles						
<b>Total of A.1</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>							
CDD	No Dehydration						
	Some Dehydration						
	Severe Dehydration						
	Dysentery						
Vitamin A	<1 year						
	1 - 4 years						
ARI	Cough (No Pneumonia)						
	Pneumonia						
	Severe Pneumonia						
<b>Total of A.2</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>							
ANC	1						
	2						
	3						
	>3						
PNC	1st Visit						
	Revisit						
	Vit-A Supplementation						
TT	Pregnant Women						
	Non-pregnant Women						
Deliveries Performed							
Post-Abortion Care							
<b>Total of B</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>							
<b>C.1: Family Planning</b>							
Pill							
Condom							
Injectable							
IUD							
Norplant							
Vasectomy							
Tubectomy							
<b>Total of C.1</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>							
Side-effect management							
Counselling							
<b>Total of C.2</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**MONTHLY PERFORMANCE REPORT**

Total Compilation from

NGO ( )  
Clinic # 01 ( )

# of Workdays:  
# of Satellite Sessions:  
# of Upg. Satellites:

March 2001

# of Satellite Teams:

PART I : ESP Services		Static Clinic	Upgraded	Satellite	Clinic	Total
		Day	Evening	Satellite Clinic	/ Team	
<b>D. OTHER HEALTH SERVICES</b>						
STDs	Female	VaD:Cervicitis				
		LAP				
		GU/IB				
	Male	GU/IB				
		UD/SS				
Other RTIs	Female	VaD:Vaginitis				
Comm. Diseases		Tuberculosis				
		Malaria				
		Other				
Limited Curative Care						
<b>Total of D</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>						
Vasectomy						
Tubectomy						
Norplant						
Deliveries						
Others						
<b>Total of E</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>						
<b>MONTHLY AVERAGE</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>PART II: CUSTOMER VISITS AND COMMODOITIES DISTRIBUTED</b>						
<b>F. Customers by Age and Sex</b>						
0-11 months	Male					
	Female					
1 - 4 years	Male					
	Female					
5-9 years	Male					
	Female					
10-14 years*	Male					
	Female					
15-19 years*	Male					
	Female					
20-29 years	Male					
	Female					
30-49 years	Male					
	Female					
50+ years	Male					
	Female					
Total of F	Male					
	Female					
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male				
	TT	Female				
<b>G. COMMODOITIES DISTRIBUTED</b>						
		Static Clinic		Static Clinic		
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!

1. Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
2. Daily average for Satellite Sessions = Total of A.1 divided by number of workdays and then divided by number of Satellite Teams
3. Daily average for Upgraded Satellite = Total of A.1 divided by number of workdays divided by number of Upgraded Satellites
4. STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain
5. GU / IB = Genital Ulcer / Inguinal Bubo ; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

**MONTHLY PERFORMANCE REPORT**

Total Compilation from

NGO ( )

# of Workdays:

March 2001

Clinic # 02 ( )

# of Satellite Sessions:

# of Satellite Teams:

# of Upg. Satellites:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite / Team	Clinic	Total
		Day	Evening				
<b>A. CHILD HEALTH</b>							
<b>A.1: EPI (Children under 1 year of age)</b>							
Immunizations	BCG						
	DPT 1						
	DPT 2						
	DPT 3						
	Polio 1						
	Polio 2						
	Polio 3						
	Polio 4						
	Measles						
<b>Total of A.1</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>							
CDD	No Dehydration						
	Some Dehydration						
	Severe Dehydration						
	Dysentery						
Vitamin A	<1 year						
	1 - 4 years						
ARI	Cough (No Pneumonia)						
	Pneumonia						
	Severe Pneumonia						
<b>Total of A.2</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>							
ANC	1						
	2						
	3						
	>3						
PNC	1st Visit						
	Revisit						
	Vit-A Supplementation						
TT	Pregnant Women						
	Non-pregnant Women						
Deliveries Performed							
Post-Abortion Care							
<b>Total of B</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>							
<b>C.1: Family Planning</b>							
Pill							
Condom							
Injectable							
IUD							
Norplant							
Vasectomy							
Tubectomy							
<b>Total of C.1</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>							
Side-effect management							
Counselling							
<b>Total of C.2</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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**MONTHLY PERFORMANCE REPORT**

Total Compilation from  
March 2001

NGO ( )  
Clinic # 02 ( )  
# of Satellite Teams:

# of Workdays:  
# of Satellite Sessions:  
# of Upp. Satellites:

PART I : ESP Services	Static Clinic		Upgraded	Satellite	Clinic	Total
	Day	Evening	Satellite Clinic	/ Team		
<b>D. OTHER HEALTH SERVICES</b>						
STDs	Female	VaD:Cervicitis LAP GU/IB				
	Male	GU/IB UD/SS				
Other RTIs	Female	VaD:Vaginitis				
Comm. Diseases	Tuberculosis					
	Malaria					
	Other					
Limited Curative Care						
<b>Total of D</b>						
<i>Daily Average</i>						
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>						
Vasectomy						
Tubectomy						
Norplant						
Deliveries						
Others						
<b>Total of E</b>						
<i>Daily Average</i>						
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>						
<b>MONTHLY AVERAGE</b>						
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PART II: CUSTOMER VISITS AND COMM						
F. Customers by Age and Sex						
0-11 months	Male					
	Female					
1 - 4 years	Male					
	Female					
5-9 years	Male					
	Female					
10-14 years*	Male					
	Female					
15-19 years*	Male					
	Female					
20-29 years	Male					
	Female					
30-49 years	Male					
	Female					
50+ years	Male					
	Female					
Total of F	Male					
	Female					
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male				
	TT	Female				

G. COMMODITIES DISTRIBUTED						
		Static Clinic		Static Clinic		Static Clinic
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!

1. Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
2. Daily average for Satellite Sessions = Total of A.1 divided by number of workdays and then divided by number of Satellite Teams
3. Daily average for Upgraded Satellite = Total of A.1 divided by number of workdays divided by number of Upgraded Satellites
3. STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain  
GU / IB = Genital Ulcer / Inguinal Bubo ; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

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**MONTHLY PERFORMANCE REPORT**

Total Compilation from

NGO ( )

# of Workdays:

March 2001

Clinic # 03 ( )

# of Satellite Sessions:

# of Satellite Teams:

# of Upg. Satellites:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
		Day	Evening			
<b>A. CHILD HEALTH</b>						
<b>A.1: EPI (Children under 1 year of age)</b>						
Immunizations	BCG					
	DPT 1					
	DPT 2					
	DPT 3					
	Polio 1					
	Polio 2					
	Polio 3					
	Polio 4					
	Measles					
<b>Total of A.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>						
CDD	No Dehydration					
	Some Dehydration					
	Severe Dehydration					
	Dysentery					
Vitamin A	<1 year					
	1 - 4 years					
ARI	Cough (No Pneumonia)					
	Pneumonia					
	Severe Pneumonia					
<b>Total of A.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>						
ANC	1					
	2					
	3					
	>3					
PNC	1st Visit					
	Revisit					
	Vit-A Supplementation					
TT	Pregnant Women					
	Non-pregnant Women					
Deliveries Performed						
Post-Abortion Care						
<b>Total of B</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>						
<b>C.1: Family Planning</b>						
Pill						
Condom						
Injectable						
IUD						
Norplant						
Vasectomy						
Tubectomy						
<b>Total of C.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>						
Side-effect management						
Counselling						
<b>Total of C.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**MONTHLY PERFORMANCE REPORT**

Total Compilation from

NGO ( )  
Clinic # 03 ( )

# of Workdays:  
# of Satellite Sessions:  
# of Uppg. Satellites:

March 2001

# of Satellite Teams:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
		Day	Evening			
<b>D. OTHER HEALTH SERVICES</b>						
STDs	Female	VaD:Cervicitis LAP GU/IB				
	Male	GU/IB UD/SS				
Other RTIs	Female	VaD:Vaginitis				
Comm. Diseases	Tuberculosis					
	Malaria					
	Other					
Limited Curative Care						
<b>Total of D</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>						
Vasectomy						
Tubectomy						
Norplant						
Deliveries						
Others						
<b>Total of E</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
GRAND TOTAL OF ESP SERVICES (A+B+C1+D)						
<b>MONTHLY AVERAGE</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>PART II: CUSTOMER VISITS AND COMM</b>						
<b>F. Customers by Age and Sex</b>						
0-11 months	Male					
	Female					
1 - 4 years	Male					
	Female					
5-9 years	Male					
	Female					
10-14 years*	Male					
	Female					
15-19 years*	Male					
	Female					
20-29 years	Male					
	Female					
30-49 years	Male					
	Female					
50+ years	Male					
	Female					
Total of F	Male					
	Female					
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male				
	TT	Female				
<b>G. COMMODOTIES DISTRIBUTED</b>						
		Static Clinic			Static Clinic	
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!

1. Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
2. Daily average for Satellite Sessions = Total of A.1 divided by number of workdays and then divided by number of Satellite Teams
3. STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain  
GU / IB = Genital Ulcer / Inguinal Bubo ; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

**MONTHLY PERFORMANCE REPORT**

Total Compilation from

NGO ( )

# of Workdays:

March 2001

Clinic # 04 ( )

# of Satellite Sessions:

# of Satellite Teams:

# of Upp. Satellites:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite / Team	Clinic	Total
		Day	Evening				
<b>A. CHILD HEALTH</b>							
<b>A.1: EPI (Children under 1 year of age)</b>							
Immunizations	BCG						
	DPT 1						
	DPT 2						
	DPT 3						
	Polio 1						
	Polio 2						
	Polio 3						
	Polio 4						
	Measles						
<b>Total of A.1</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>							
CDD	No Dehydration						
	Some Dehydration						
	Severe Dehydration						
	Dysentery						
Vitamin A	<1 year						
	1 - 4 years						
ARI	Cough (No Pneumonia)						
	Pneumonia						
	Severe Pneumonia						
<b>Total of A.2</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>							
ANC	1						
	2						
	3						
	>3						
PNC	1st Visit						
	Revisit						
	Vit-A Supplementation						
TT	Pregnant Women						
	Non-pregnant Women						
Deliveries Performed							
Post-Abortion Care							
<b>Total of B</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>							
<b>C.1: Family Planning</b>							
Pill							
Condom							
Injectable							
IUD							
Norplant							
Vasectomy							
Tubectomy							
<b>Total of C.1</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>							
Side-effect management							
Counselling							
<b>Total of C.2</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

# MONTHLY PERFORMANCE REPORT

Total Compilation from

NGO ( )  
Clinic # 04 ( )

# of Workdays.  
# of Satellite Sessions:  
# of Upg. Satellites:

March 2001

# of Satellite Teams:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
		Day	Evening			
<b>D. OTHER HEALTH SERVICES</b>						
STDs	Female	VaD:Cervicitis				
		LAP				
		GU/IB				
	Male	GU/IB				
		UD/SS				
Other RTIs	Female	VaD:Vaginitis				
Comm. Diseases		Tuberculosis				
		Malaria				
		Other				
Limited Curative Care						
<b>Total of D</b>						
<b>Daily Average</b>			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>						
Vasectomy						
Tubectomy						
Norplant						
Deliveries						
Others						
<b>Total of E</b>						
<b>Daily Average</b>			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>						
<b>MONTHLY AVERAGE</b>			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>PART II: CUSTOMER VISITS AND COMM</b>						
<b>F. Customers by Age and Sex</b>						
0-11 months	Male					
	Female					
1 - 4 years	Male					
	Female					
5-9 years	Male					
	Female					
10-14 years*	Male					
	Female					
15-19 years*	Male					
	Female					
20-29 years	Male					
	Female					
30-49 years	Male					
	Female					
50+ years	Male					
	Female					
Total of F	Male					
	Female					
Daily Average	Male		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Female		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male				
	TT	Female				
<b>G. COMMODOITIES DISTRIBUTED</b>						
		Static Clinic			Static Clinic	
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!

- 1 Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
- 2 Daily average for Satellite Sessions = Total of A.1 divided by number of workdays and then divided by number of Satellite Teams
3. STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain
- GU / IB = Genital Ulcer / Inguinal Bubo ; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

# MONTHLY PERFORMANCE REPORT

Total Compilation from

NGO ( )  
Clinic # 05 ( )

# of Workdays:  
# of Satellite Sessions:  
# of Upg. Satellites:

March 2001

# of Satellite Teams:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
		Day	Evening			
<b>A. CHILD HEALTH</b>						
<b>A.1: EPI (Children under 1 year of age)</b>						
Immunizations	BCG					
	DPT 1					
	DPT 2					
	DPT 3					
	Polio 1					
	Polio 2					
	Polio 3					
	Polio 4					
	Measles					
<b>Total of A.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>						
CDD	No Dehydration					
	Some Dehydration					
	Severe Dehydration					
	Dysentery					
Vitamin A	<1 year					
	1 - 4 years					
ARI	Cough (No Pneumonia)					
	Pneumonia					
	Severe Pneumonia					
<b>Total of A.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>						
ANC	1					
	2					
	3					
	>3					
PNC	1st Visit					
	Revisit					
	Vit-A Supplementation					
TT	Pregnant Women					
	Non-pregnant Women					
Deliveries Performed						
Post-Abortion Care						
<b>Total of B</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>						
<b>C.1: Family Planning</b>						
Pill						
Condom						
Injectable						
IUD						
Norplant						
Vasectomy						
Tubectomy						
<b>Total of C.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>						
Side-effect management						
Counselling						
<b>Total of C.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**MONTHLY PERFORMANCE REPORT**

Total Compilation from  
March 2001

NGO ( )  
Clinic # 05 ( )  
# of Satellite Teams:

# of Workdays:  
# of Satellite Sessions:  
# of Upg. Satellites:

PART I : ESP Services	Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
	Day	Evening			
<b>D. OTHER HEALTH SERVICES</b>					
STDs	Female	VaD:Cervicitis LAP GU/IB			
	Male	GU/IB UD/SS			
Other RTIs	Female	VaD:Vaginitis			
Comm. Diseases		Tuberculosis			
		Malaria			
		Other			
Limited Curative Care					
<b>Total of D</b>					
<b>Daily Average</b>					
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>					
Vasectomy					
Tubectomy					
Norplant					
Deliveries					
Others					
<b>Total of E</b>					
<b>Daily Average</b>					
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>					
<b>MONTHLY AVERAGE</b>					
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PART II: CUSTOMER VISITS AND COMM					
F. Customers by Age and Sex					
0-11 months	Male				
	Female				
1 - 4 years	Male				
	Female				
5-9 years	Male				
	Female				
10-14 years*	Male				
	Female				
15-19 years*	Male				
	Female				
20-29 years	Male				
	Female				
30-49 years	Male				
	Female				
50+ years	Male				
	Female				
Total of F	Male				
	Female				
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male			
	TT	Female			
		Female			

G. COMMODITIES DISTRIBUTED					
		Static Clinic		Static Clinic	
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)
	Closing Balance (GoB)				Closing Balance (GoB)
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)
	Closing Balance (GoB)				Closing Balance (GoB)
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)
	Closing Balance (GoB)				Closing Balance (GoB)
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)

1. Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
2. Daily average for Satellite Sessions = Total of A 1 divided by number of workdays and then divided by number of Satellite Teams
3. Daily average for Upgraded Satellite = Total of A 1 divided by number of workdays divided by number of Upgraded Satellites
3. STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain  
GU / IB = Genital Ulcer / Inguinal Bubo; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

**MONTHLY PERFORMANCE REPORT**

Total Compilation from

NGO ( )

# of Workdays.

March 2001

Clinic # 06 ( )

# of Satellite Sessions:

# of Satellite Teams:

# of Upg. Satellites:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
		Day	Evening			
<b>A. CHILD HEALTH</b>						
<b>A.1: EPI (Children under 1 year of age)</b>						
Immunizations	BCG					
	DPT 1					
	DPT 2					
	DPT 3					
	Polio 1					
	Polio 2					
	Polio 3					
	Polio 4					
	Measles					
<b>Total of A.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>						
CDD	No Dehydration					
	Some Dehydration					
	Severe Dehydration					
	Dysentery					
Vitamin A	<1 year					
	1 - 4 years					
ARI	Cough (No Pneumonia)					
	Pneumonia					
	Severe Pneumonia					
<b>Total of A.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>						
ANC	1					
	2					
	3					
	>3					
PNC	1st Visit					
	Revisit					
	Vit-A Supplementation					
TT	Pregnant Women					
	Non-pregnant Women					
Deliveries Performed						
Post-Abortion Care						
<b>Total of B</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>						
<b>C.1: Family Planning</b>						
Pill						
Condom						
Injectable						
IUD						
Norplant						
Vasectomy						
Tubectomy						
<b>Total of C.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>						
Side-effect management						
Counselling						
<b>Total of C.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

## MONTHLY PERFORMANCE REPORT

Total Compilation from

NGO ( )

# of Workdays:

March 2001

Clinic # 06 ( )

# of Satellite Sessions:

# of Satellite Teams:

# of Upg. Satellites:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
		Day	Evening			
<b>D. OTHER HEALTH SERVICES</b>						
STDs	Female	VaD:Cervicitis				
		LAP				
		GU/IB				
	Male	GU/IB				
		UD/SS				
Other RTIs	Female	VaD:Vaginitis				
Comm. Diseases		Tuberculosis				
		Malaria				
		Other				
Limited Curative Care						
<b>Total of D</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>						
Vasectomy						
Tubectomy						
Norplant						
Deliveries						
Others						
<b>Total of E</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>						
<b>MONTHLY AVERAGE</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>PART II: CUSTOMER VISITS AND COMM</b>						
<b>F. Customers by Age and Sex</b>						
0-11 months	Male					
	Female					
1 - 4 years	Male					
	Female					
5-9 years	Male					
	Female					
10-14 years*	Male					
	Female					
15-19 years*	Male					
	Female					
20-29 years	Male					
	Female					
30-49 years	Male					
	Female					
50+ years	Male					
	Female					
Total of F	Male					
	Female					
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male				
		Female				
		TT Female				
<b>G. COMMODITIES DISTRIBUTED</b>						
		Static Clinic			Static Clinic	
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!

1. Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
2. Daily average for Satellite Sessions = Total of A.1 divided by number of workdays and then divided by number of Satellite Teams  
Daily average for Upgraded Satellite = Total of A 1 divided by number of workdays divided by number of Upgraded Satellites
3. STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain  
GU / IB = Genital Ulcer / Inguinal Bubo; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

**MONTHLY PERFORMANCE REPORT**

Total Compilation from

NGO ( )

# of Workdays:

March 2001

Clinic # 07 ( )

# of Satellite Sessions:

# of Satellite Teams:

# of Upg. Satellites:

PART I : ESP Services		Static Clinic		Upgraded	Satellite	Clinic	Total
		Day	Evening	Satellite Clinic	/ Team		
<b>A. CHILD HEALTH</b>							
<b>A.1: EPI (Children under 1 year of age)</b>							
Immunizations	BCG						
	DPT 1						
	DPT 2						
	DPT 3						
	Polio 1						
	Polio 2						
	Polio 3						
	Polio 4						
	Measles						
<b>Total of A.1</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>							
CDD	No Dehydration						
	Some Dehydration						
	Severe Dehydration						
	Dysentery						
Vitamin A	<1 year						
	1 - 4 years						
ARI	Cough (No Pneumonia)						
	Pneumonia						
	Severe Pneumonia						
<b>Total of A.2</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>							
ANC	1						
	2						
	3						
	>3						
PNC	1st Visit						
	Revisit						
	Vit-A Supplementation						
TT	Pregnant Women						
	Non-pregnant Women						
Deliveries Performed							
Post-Abortion Care							
<b>Total of B</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>							
<b>C.1: Family Planning</b>							
Pill							
Condom							
Injectable							
IUD							
Norplant							
Vasectomy							
Tubectomy							
<b>Total of C.1</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>							
Side-effect management							
Counselling							
<b>Total of C.2</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**MONTHLY PERFORMANCE REPORT**

Total Compilation from

NGO ( )

# of Workdays:

March 2001

Clinic # 07 ( )

# of Satellite Sessions:

# of Satellite Teams:

# of Upg. Satellites:

PART I : ESP Services		Static Clinic		Upgraded	Satellite	Clinic	Total
		Day	Evening	Satellite Clinic	/ Team		
<b>D. OTHER HEALTH SERVICES</b>							
STDs	Female	VaD:Cervicitis					
		LAP					
		GU/IB					
	Male	GU/IB					
		UD/SS					
Other RTIs	Female	VaD:Vaginitis					
Comm. Diseases		Tuberculosis					
		Malaria					
		Other					
Limited Curative Care							
<b>Total of D</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>							
Vasectomy							
Tubectomy							
Norplant							
Deliveries							
Others							
<b>Total of E</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>							
<b>MONTHLY AVERAGE</b>		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
<b>PART II: CUSTOMER VISITS AND COMM</b>							
<b>F. Customers by Age and Sex</b>							
0-11 months	Male						
	Female						
1 - 4 years	Male						
	Female						
5-9 years	Male						
	Female						
10-14 years*	Male						
	Female						
15-19 years*	Male						
	Female						
20-29 years	Male						
	Female						
30-49 years	Male						
	Female						
50+ years	Male						
	Female						
Total of F	Male						
	Female						
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male					
		Female					
	TT	Female					
<b>G. COMMODOITIES DISTRIBUTED</b>							
		Static Clinic			Static Clinic		
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)		
	Closing Balance (GoB)				Closing Balance (GoB)		
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)		#DIV/0!
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)		
	Closing Balance (GoB)				Closing Balance (GoB)		
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)		#DIV/0!
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)		
	Closing Balance (GoB)				Closing Balance (GoB)		
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)		#DIV/0!

- Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
- Daily average for Satellite Sessions = Total of Daily average for Upgraded Satellite = Total of
- STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain; GU / IB = Genital Ulcer / Inguinal Bubo; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

**MONTHLY PERFORMANCE REPORT**

Total Compilation from  
March 2001

NGO ( )  
Clinic # 08 ( )  
# of Satellite Teams:

# of Workdays:  
# of Satellite Sessions:  
# of Upg. Satellites:

PART I : ESP Services	Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
	Day	Evening			
<b>D. OTHER HEALTH SERVICES</b>					
STDs	Female	VaD:Cervicitis LAP GU/IB			
	Male	GU/IB UD/SS			
Other RTIs	Female	VaD:Vaginitis			
Comm. Diseases		Tuberculosis			
		Malaria			
		Other			
Limited Curative Care					
<b>Total of D</b>					
<b>Daily Average</b>					
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

<b>E: REFERRALS</b>					
Vasectomy					
Tubectomy					
Norplant					
Deliveries					
Others					
<b>Total of E</b>					
<b>Daily Average</b>					
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>					
<b>MONTHLY AVERAGE</b>					
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

<b>PART II: CUSTOMER VISITS AND COMM</b>					
<b>F. Customers by Age and Sex</b>					
0-11 months	Male				
	Female				
1 - 4 years	Male				
	Female				
5-9 years	Male				
	Female				
10-14 years*	Male				
	Female				
15-19 years*	Male				
	Female				
20-29 years	Male				
	Female				
30-49 years	Male				
	Female				
50+ years	Male				
	Female				
Total of F	Male				
	Female				
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male			
	TT	Female			

<b>G. COMMODITIES DISTRIBUTED</b>					
		Static Clinic		Static Clinic	
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)
	Closing Balance (GoB)				Closing Balance (GoB)
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)
	Closing Balance (GoB)				Closing Balance (GoB)
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)
	Closing Balance (GoB)				Closing Balance (GoB)
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)

1. Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
2. Daily average for Satellite Sessions = Total of A.1 divided by number of workdays and then divided by number of Satellite Teams
3. Daily average for Upgraded Satellite = Total of A.1 divided by number of workdays divided by number of Upgraded Satellites
3. STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain  
GU / IB = Genital Ulcer / Inguinal Bubo; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

## MONTHLY PERFORMANCE REPORT

Total Compilation from

NGO ( )  
Clinic # 08 ( )

# of Workdays.  
# of Satellite Sessions:  
# of Upg. Satellites:

March 2001

# of Satellite Teams:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
		Day	Evening			
<b>A. CHILD HEALTH</b>						
<b>A.1: EPI (Children under 1 year of age)</b>						
Immunizations	BCG					
	DPT 1					
	DPT 2					
	DPT 3					
	Polio 1					
	Polio 2					
	Polio 3					
	Polio 4					
	Measles					
<b>Total of A.1</b>						
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>						
CDD	No Dehydration					
	Some Dehydration					
	Severe Dehydration					
	Dysentery					
Vitamin A	<1 year					
	1 - 4 years					
ARI	Cough (No Pneumonia)					
	Pneumonia					
	Severe Pneumonia					
<b>Total of A.2</b>						
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>						
ANC	1					
	2					
	3					
	>3					
PNC	1st Visit					
	Revisit					
	Vit-A Supplementation					
TT	Pregnant Women					
	Non-pregnant Women					
Deliveries Performed						
Post-Abortion Care						
<b>Total of B</b>						
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>						
<b>C.1: Family Planning</b>						
Pill						
Condom						
Injectable						
IUD						
Norplant						
Vasectomy						
Tubectomy						
<b>Total of C.1</b>						
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>						
Side-effect management						
Counselling						
<b>Total of C.2</b>						
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Total Compilation from  
March 2001

MONTHLY PERFORMANCE REPORT

NGO ( )  
Clinic # 09 ( )  
# of Satellite Teams:

# of Workdays:  
# of Satellite Sessions:  
# of Upg. Satellites:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
		Day	Evening			
<b>A. CHILD HEALTH</b>						
<b>A.1: EPI (Children under 1 year of age)</b>						
Immunizations	BCG					
	DPT 1					
	DPT 2					
	DPT 3					
	Polio 1					
	Polio 2					
	Polio 3					
	Polio 4					
	Measles					
<b>Total of A.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>						
CDD	No Dehydration					
	Some Dehydration					
	Severe Dehydration					
	Dysentery					
Vitamin A	<1 year					
	1 - 4 years					
ARI	Cough (No Pneumonia)					
	Pneumonia					
	Severe Pneumonia					
<b>Total of A.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>						
ANC	1					
	2					
	3					
	>3					
PNC	1st Visit					
	Revisit					
	Vit-A Supplementation					
TT	Pregnant Women					
	Non-pregnant Women					
Deliveries Performed						
Post-Abortion Care						
<b>Total of B</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>						
<b>C.1: Family Planning</b>						
Pill						
Condom						
Injectable						
IUD						
Norplant						
Vasectomy						
Tubectomy						
<b>Total of C.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>						
Side-effect management						
Counselling						
<b>Total of C.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**MONTHLY PERFORMANCE REPORT**

Total Compilation from

NGO ( )  
Clinic # 09 ( )

# of Workdays:  
# of Satellite Sessions:  
# of Upg. Satellites:

March 2001

# of Satellite Teams:

PART I : ESP Services		Static Clinic		Upgraded	Satellite	Clinic	Total
		Day	Evening	Satellite Clinic	/ Team		
<b>D. OTHER HEALTH SERVICES</b>							
STDs	Female	VaD:Cervicitis					
		LAP					
		GU/IB					
	Male	GU/IB					
		UD/SS					
Other RTIs	Female	VaD:Vaginitis					
Comm. Diseases		Tuberculosis					
		Malaria					
		Other					
Limited Curative Care							
<b>Total of D</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>							
Vasectomy							
Tubectomy							
Norplant							
Deliveries							
Others							
<b>Total of E</b>							
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>							
<b>MONTHLY AVERAGE</b>		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
<b>PART II: CUSTOMER VISITS AND COMM</b>							
<b>F. Customers by Age and Sex</b>							
0-11 months	Male						
	Female						
1 - 4 years	Male						
	Female						
5-9 years	Male						
	Female						
10-14 years*	Male						
	Female						
15-19 years*	Male						
	Female						
20-29 years	Male						
	Female						
30-49 years	Male						
	Female						
50+ years	Male						
	Female						
Total of F	Male						
	Female						
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male					
	TT	Female					
<b>G. COMMODITIES DISTRIBUTED</b>							
		Static Clinic			Static Clinic		
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)		
	Closing Balance (GoB)				Closing Balance (GoB)		
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!	
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)		
	Closing Balance (GoB)				Closing Balance (GoB)		
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!	
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)		
	Closing Balance (GoB)				Closing Balance (GoB)		
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!	

1. Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
  2. Daily average for Satellite Sessions = Total of A.1 divided by number of workdays and then divided by number of Satellite Teams
  3. Daily average for Upgraded Satellite = Total of A.1 divided by number of workdays divided by number of Upgraded Satellites
- STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain  
 GU / IB = Genital Ulcer / Inguinal Bubo ; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

**MONTHLY PERFORMANCE REPORT**

Total Compailation from  
March 2001

NGO ( )  
Clinic # 10 ( )  
# of Satellite Teams:

# of Workdays:  
# of Satellite Sessions:  
# of Upg. Satellites:

PART I : ESP Services		Static Clinic	Upgraded	Satellite	Clinic	Total
		Day	Evening	Satellite Clinic	/ Team	
<b>A. CHILD HEALTH</b>						
<b>A.1: EPI (Children under 1 year of age)</b>						
Immunizations	BCG					
	DPT 1					
	DPT 2					
	DPT 3					
	Polio 1					
	Polio 2					
	Polio 3					
	Polio 4					
	Measles					
<b>Total of A.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>						
CDD	No Dehydration					
	Some Dehydration					
	Severe Dehydration					
	Dysentery					
Vitamin A	<1 year					
	1 - 4 years					
ARI	Cough (No Pneumonia)					
	Pneumonia					
	Severe Pneumonia					
<b>Total of A.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>						
ANC	1					
	2					
	3					
	>3					
PNC	1st Visit					
	Revisit					
	Vit-A Supplementation					
TT	Pregnant Women					
	Non-pregnant Women					
Deliveries Performed						
Post-Abortion Care						
<b>Total of B</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>						
<b>C.1: Family Planning</b>						
Pill						
Condom						
Injectable						
IUD						
Norplant						
Vasectomy						
Tubectomy						
<b>Total of C.1</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>						
Side-effect management						
Counselling						
<b>Total of C.2</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

## MONTHLY PERFORMANCE REPORT

Total Compilation from  
March 2001

NGO ( )  
Clinic # 10 ( )  
# of Satellite Teams:

# of Workdays:  
# of Satellite Sessions:  
# of Upg. Satellites:

PART I : ESP Services		Static Clinic		Upgraded Satellite Clinic	Satellite Clinic / Team	Total
		Day	Evening			
<b>D. OTHER HEALTH SERVICES</b>						
STDs	Female	VaD:Cervicitis				
		LAP				
		GU/IB				
	Male	GU/IB				
		UD/SS				
Other RTIs	Female	VaD:Vaginitis				
Comm. Diseases		Tuberculosis				
		Malaria				
		Other				
Limited Curative Care						
<b>Total of D</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>						
Vasectomy						
Tubectomy						
Norplant						
Deliveries						
Others						
<b>Total of E</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>						
<b>MONTHLY AVERAGE</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>PART II: CUSTOMER VISITS AND COMM</b>						
<b>F. Customers by Age and Sex</b>						
0-11 months	Male					
	Female					
1 - 4 years	Male					
	Female					
5-9 years	Male					
	Female					
10-14 years*	Male					
	Female					
15-19 years*	Male					
	Female					
20-29 years	Male					
	Female					
30-49 years	Male					
	Female					
50+ years	Male					
	Female					
Total of F	Male					
	Female					
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male				
	TT	Female				
<b>G. COMMODITIES DISTRIBUTED</b>						
		Static Clinic			Static Clinic	
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)	#DIV/0!			Month of Supply (GoB)	#DIV/0!

1. Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
2. Daily average for Satellite Sessions = Total of A.1 divided by number of workdays and then divided by number of Satellite Teams  
Daily average for Upgraded Satellite = Total of A 1 divided by number of workdays divided by number of Upgraded Satellites
3. STDs = Sexually Transmitted Diseases; VaD = Vaginal Discharge; LAP = Lower Abdominal Pain  
GU / IB = Genital Ulcer / Inguinal Bubo ; UD = Urethral Discharge; SS = Scrotal Swelling; RTIs = Reproductive Tract Infections

**MONTHLY PERFORMANCE REPORT**

Total Compailation from

NGO ( ) Total

Total Evening Shifts:

March 2001

Total Static Clinics:

Total Satellite Sessions:

Total Satellite Teams:

Total Upgraded Satellites

PART I : ESP Services		Static Clinic		Upgraded	Satellite	Clinic	Total
		Day	Evening	Satellite Clinic	/ Team		
<b>A. CHILD HEALTH</b>							
<b>A.1: EPI (Children under 1 year of age)</b>							
Immunizations	BCG						
	DPT 1						
	DPT 2						
	DPT 3						
	Polio 1						
	Polio 2						
	Polio 3						
	Polio 4						
	Measles						
<b>Total of A.1</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>A.2: Other Child Health (&lt;5 years)</b>							
CDD	No Dehydration						
	Some Dehydration						
	Severe Dehydration						
	Dysentery						
Vitamin A	<1 year						
	1 - 4 years						
ARI	Cough (No Pneumonia)						
	Pneumonia						
	Severe Pneumonia						
<b>Total of A.2</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>B. MATERNAL HEALTH</b>							
ANC	1						
	2						
	3						
	>3						
PNC	1st Visit						
	Revisit						
	Vit-A Supplementation						
TT	Pregnant Women						
	Non-pregnant Women						
Deliveries Performed							
Post-Abortion Care							
<b>Total of B</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C. FAMILY PLANNING</b>							
<b>C.1: Family Planning</b>							
Pill							
Condom							
Injectable							
IUD							
Norplant							
Vasectomy							
Tubectomy							
<b>Total of C.1</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>C.2: Non-Method Provision</b>							
Side-effect management							
Counselling							
<b>Total of C.2</b>							
<i>Daily Average</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**MONTHLY PERFORMANCE REPORT**

Total Compilation from  
March 2001

NGO ( ) Total  
Total Static Clinics:  
Total Satellite Teams:

Total Evening Shifts:  
Total Satellite Sessions:  
Total Upgraded Satellites:

PART I : ESP Services		Static Clinic	Upgraded	Satellite	Clinic	Total
		Day	Evening	Satellite Clinic	/ Team	
<b>D. OTHER HEALTH SERVICES</b>						
STDs	Female	VaD.Cervicitis				
		LAP				
		GU/IB				
	Male	GU/IB				
		UD/SS				
Other RTIs	Female	VaD:Vaginitis				
Comm. Diseases		Tuberculosis				
		Malaria				
		Other				
Limited Curative Care						
<b>Total of D</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>E: REFERRALS</b>						
Vasectomy						
Tubectomy						
Norplant						
Deliveries						
Others						
<b>Total of E</b>						
<b>Daily Average</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>GRAND TOTAL OF ESP SERVICES (A+B+C1+D)</b>						
<b>MONTHLY AVERAGE</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>PART II: CUSTOMER VISITS AND COMM</b>						
<b>F. Customers by Age and Sex</b>						
0-11 months	Male					
	Female					
1 - 4 years	Male					
	Female					
5-9 years	Male					
	Female					
10-14 years*	Male					
	Female					
15-19 years*	Male					
	Female					
20-29 years	Male					
	Female					
30-49 years	Male					
	Female					
50+ years	Male					
	Female					
Total of F	Male					
	Female					
Daily Average	Male	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Female	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Service offered to Adolescents(15-19 years)	FP	Male				
	TT	Female				
<b>G. COMMODITIES DISTRIBUTED</b>						
		Static Clinic				Static Clinic
ORS (Sachets)	Distributed (SMC+GoB)			Injectables (amp/vial)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)				Month of Supply (GoB)	
Pills (Cycles)	Distributed (SMC+GoB)			IUD (pcs.)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)				Month of Supply (GoB)	
Condoms (pcs.)	Distributed (SMC+GoB)			Implants (Sets)	Distributed (GoB)	
	Closing Balance (GoB)				Closing Balance (GoB)	
	Month of Supply (GoB)				Month of Supply (GoB)	

- Upgraded Satellite Clinic of UFHP staffed by a Physician and Paramedic and Services available every day
- Daily average for Satellite Sessions = Total of A.1 divided by number of workdays and then divided by number of Satellite Teams  
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**Attachment J**  
**Training Program Assessment**

**UFHP TRAINING PROGRAM**  
**Assessment and Recommendations**  
**28 January 01**

All UFHP providers are required to attend selected core courses to provide essential clinical and administrative skill development. UFHP staff attended review sessions for each of these courses in December. Based on the feedback from participants, the following overall and specific recommendations are proposed to improve the UFHP training program.

I. OVERALL

A number of common issues were raised which relate to all core courses.

A. Content and Format

- The purpose of the UFHP training program is to provide UFHP staff with the essential administrative and clinical skills to perform their job at UFHP service delivery sites.
- All positions incorporate both administrative and clinical functions and skill building must address both administrative and clinical responsibilities.
- Courses should incorporate UFHP policies, procedures, forms, and equipment (e.g., ESP card, clinical protocols, etc.).
- Curriculum must be consistent with the most current clinical guidelines.
- Curriculum should be competency based – emphasizing practical skill building rather than academic/theoretical content.
- A goal of 50% of all course time should be devoted to practical field experience with patients.
- Clear, competency based objectives should be established for each course.
- Competency based certification criteria should be established for each course.

B. Trainers and Training Organizations

1. Training organizations must have adequate and satisfactory training venues.
2. Training organizations must provide adequate practical experience for the trainees.
3. Trainers must be trained and well qualified to teach the course content.
4. Training organizations should be monitored for their physical facilities, training process and trainer turnover.
5. An objective evaluation process is required for the trainees to be conducted as part of the training as well as 3-6 months after the course is conducted.
6. Results of these evaluations should be shared with UFHP and discussed regularly with PRIME.
7. UFHP will work with PRIME to define “passing” grade for participants.

## II. PROPOSED CORE COURSES

At present, the UFHP training program incorporates a number of core courses include:

CMC (Clinic Managers) (Conducted by UFHP)  
ORH/CSI (Medical Doctors)  
CMT (Paramedics)  
ORH (Paramedics)  
CSI (Paramedics)

The number of paramedic courses requires excessive time away from the clinic and is disruptive to clinic performance. The ORH/CSI course for medical officers is incomplete and fails to provide medical officers with the essential clinical skills required for their position. Based on extensive discussion with UFHP staff, UFHP proposes a single course for each key position (Clinic Manager, Medical Officer, and Paramedic). For each of the proposed core courses, the purpose, objectives and certification criteria are summarized below.

- A. Clinic Manager Training Course: A practical overview of roles and responsibilities of the clinic manager in a UFHP clinic and guidance on being effective as a manager. (5 days, conducted by UFHP). This course is only for Clinic Managers (CM) who are medical doctors and based at each static clinic as CM.  
*(Replaces the CMC)*

1. Purpose of course: to provide practical skill building to effectively manage administrative functions and clinic operations of the UFHP clinic.
2. Objectives of course:
  - Roles and responsibilities of the Clinic Manager
    - Characteristics of a Good Manager
    - Staff orientation, supervision and human resources
    - Staff coordination and team building
    - Strategic planning
  - Community Leadership and Clinic Promotion
    - BCC/M, work plan development and supervision of SSPs/SPs
    - Building community linkages and relationships
    - Stakeholder identification and relationships building
  - Clinic Operations
    - Patient flow management (includes UFHP forms and procedures)
    - Infection prevention
    - QA and monitoring
    - Referrals (setting up referrals and appropriate use)
    - IS and reporting
  - Financial Management and Logistics
    - Policies and procedures
    - RDF
    - Budgeting
    - Petty cash

Revenue generation  
Logistics management

3. Certification Criteria
  - Post test on UFHP policies and procedures
  - BCC work plan development
  - Supervise infection prevention procedures
  - Interpret management reports

B. Medical Doctor Training Course: A practical overview of roles and responsibilities of the medical officer including supervision of paramedic. Clinical review emphasizes ESP components. (12 days with approximately half devoted to practical; 10 participants maximum per course). Participants for this course include all medical doctors including PMs, CMs and MOs of evening clinic/USC/Static clinic  
*(Replaces the ORH/CSI course)*

1. Purpose of course: to provide skill development in ESP services and define supervisory role for doctors regarding paramedics.
2. Objectives of the course:
  - Administrative Responsibilities:
    - Supervisory Role and overview of paramedic areas of competence
    - UFHP policies and procedures including ESP card, customer follow-up, petty cash, RDF and revenue generation
    - Infection prevention
    - Referrals
  - Clinical Responsibilities:
    - FP: Overview of FP methods and screening/history criteria using ESP card; IUD insertion; complications management; Tiarht Amendment
    - CSI: Using Sick Child Record Form, assess, counsel, diagnose and treat (including RDU) clients for ARI, Diarrhea, etc. ORS and ORT corner. EPI – 6 diseases, cold chain, logistics, cleaning and sterilization, and surveillance; Vitamin A; nutrition and breastfeeding
    - RTI/STDs: assess, counsel and manage clients for RTI/STDs – all 7 syndromes – including RDU
    - MH: provide ANC and PNC to women including screening, counselling and management. Counseling includes danger signs, risk factors, breast feeding, care of newborn, FP and nutrition
3. Certification Criteria
  - Test on paramedic scope of service
  - Write 3 prescriptions using rational drug use
  - 3-5 RTI/STD patients for history, counselling, diagnosis and treatment
  - 3-5 ANC/PNC patients for history, counselling, diagnosis and treatment
  - Counselling demonstration
  - Complete 3-5 ESP cards
  - Demonstrate infection prevention
  - 3 IUD insertions (at least one live) – for woman providers only
  - Clinical pre and post test

C. Paramedic Training Course (Parts A & B): A practical overview of administrative and clinical roles and responsibilities of the paramedic as a member of clinic team. Clinical review emphasizes ESP components. (2 Courses: Part A includes administrative functions and CSI – 8 days; Part B includes RTI/STD, MH and FP –12 days, RDU is incorporated into the relevant ESP components; 10 participants maximum per course).

*(Replaces the CMT, ORH, CSI courses)*

1. Purpose of course: to provide practical skill building to effectively perform the paramedic function in a UFHP clinic including both administrative and clinical skill development.

2. Objectives of course:

- Administrative Responsibilities:

Role and responsibilities of paramedic in static, upgraded and satellite spot

Supervisory role of Medical Officer (relationship with Medical officer)

Basic clinic operations

    Patient flow management

    UFHP forms and procedures

    Infection prevention

    Cold chain maintenance

    IS and accompanying forms

    QA and monitoring (team participation, FU systems, quality improvement)

    Logistics management

    Arranging for and setting up satellite spot

    BCC/M materials and use

    Revenue generation

- Clinical Responsibilities:

FP: Hormones and physiology related to FP methods; Overview of FP methods and screening/history criteria using ESP card; pelvic exam; IUD insertion, use of pill and condom, and injectables; warning signs, complications and side effects management; Tiarhtt Amendment; emergency contraception; referral; use of gloves

CSI: Using Sick Child Record Form, assess, counsel, diagnose and treat (including RDU) clients for ARI, Diarrhea, etc. ORS and ORT corner. EPI – 6 diseases, cold chain, logistics, cleaning and sterilization, and surveillance; Vitamin A; nutrition and breastfeeding; referral

RTI/STD: Assess, counsel and manage clients for RTI/STDs including RDU using a syndromic approach to case management – focus on VD and LAP

MH: Assess, counsel and manage clients for ANC and PNC to women including RDU; screen for high risk pregnancy; 5 danger signs; post partum counselling on breast feeding, care of newborn, FP and nutrition; management for minor issues; lab tests; emergency contraception; referral and follow-up

4. Certification Criteria

- Infection prevention demonstration including autoclave, decontamination and waste disposal

- Complete 3-5 ESP cards and encounter forms with patients
- 2-3 patients for history, counselling, diagnosis and treatment of RTI/STD
  - 3 ANC and 1 PNC patient including history, exam, and counselling
  - 3 TT immunizations using ESP cards
  - 6 EPI successfully administered shots including 1 measles and 1 BCG if possible
- Successfully administer 5 injectables
- Conduct 10 pelvic exams (model and live)
- Conduct 3 pelvic exams with confirmation
- Successfully insert 15 IUDs in dummy
- Successfully insert 3 IUDs in client – for woman providers only
- FP role play counselling and methods screening
- 3 condom demonstrations
- Case study on side effect management
- Dispense pills to 2 patients
- Write 2-3 prescriptions, label, package and dispense
- Lab tests – 3 sets (urine, blood and sugar)
- Case study using sick child record form to diagnose and treat ARI, CDD
- Organize vaccine carrier
- Cold chain maintenance
  - Organize EPI session and supplies
  - Arrange EPI sterilizer
  - Temperature chart maintained daily and interpret results
- Pre and post test
- Counselling role play to demonstrate missed opportunities

## SPECIFIC COURSE CRITIQUE

### CMT Training

1. Course name is misleading – fails to reflect focus on Family Planning services delivery for paramedics and general management issues
2. General module is a hodge podge of unrelated topics
3. Objectives do not clearly define dual focus of course – FP and management
4. Needs more Infection Prevention: infection prevention as part of certification criteria; cover all types of autoclaves (big autoclave, sterilizer, boiling); content consistent with QIP guidelines
5. Course curriculum fails to conform to NIPHP clinical guidelines
6. Trainees do not often conform to guidelines

### ORH for Paramedics

1. Purpose of Course – provide skill development in RTI/STD and MH
2. Bangla translation of key terms –privacy and confidentiality – needs explanation since no direct translation
3. Use updated UFHP forms for ESP, referral and screening rather than unique checklist and old forms
4. Referral system consistent with UFHP guidelines
5. Include RDU
6. Referral and MIS covered in CMT course
7. Don't use 6 steps GATHER “tell the client what to do”
8. Remove referral process since it is for RSDP and GOB not UFHP
9. All women should be screened with speculum (80% asymptomatic for RTI/STDs)
10. Include Urethral Discharge as part of paramedic care?
11. Vaginal Discharge flow chart does not include normal option
12. Danger signs of labor should be > 12 hours not 18 hours
13. Common communicable diseases need to be listed
14. Demonstrate both stethoscope and fetoscope
15. Normal range of fetal heart rate
16. Vitamin A in 3<sup>rd</sup> trimester for PNC

### CSI/ORH for doctors

1. Defines doctor's scope of practice = paramedic
2. Course has too much academic overview; should focus on practical application
3. Use sick child form to guide assessment
4. Use UFHP forms
5. Emphasize counselling
6. Doctors need practical experience with exam and gloves
7. Use videos
8. Teach use of wrist watch when ARI timer is not available
9. Add topics: care of common skin diseases, newborn care, malnourished care
10. Do not cover use of non RDU drugs

### CMC Course

1. To much academic/theory and lecture
2. Redefine management objectives
3. Emphasize role of counselling for BCC/m
4. Emphasize practical, hands on activities
5. Emphasize finance and IS
6. Use case studies
7. Needs course coordinator to manage whole training

**Attachment K**  
**UFHP HQ Final Retreat Report**

## UFHP Strategic Retreat February 2001

### Overview

All UFHP staff participated in a 3-day retreat for the purpose of identifying areas requiring improvement to assure the effectiveness of the project. The agenda focused on three issues: 1) presentations of UFHP's strategic direction and approach in each of the critical areas defined by the IR s; 2) an assessment of UFHP's follow-up on key issues identified during the 2000 retreat and the fall program review; and 3) identification of key areas which require strategic focus. The intent of the retreat was to ensure that all UFHP staff has a common understanding of program priorities and strategies. The following is a summary of the key findings and recommendations.

### UFHP Approach to 5 IR s

The future success of the UFHP program is predicated on the successful achievement of five Intermediate Results: 1) delivery of ESP services; 2) BCC; 3) quality of services; 4) institutional development of partner organizations; and 5) financial sustainability of partner organizations. UFHP staff with lead responsibilities for these critical IR s made presentations clarifying UFHP's goal and approach.

#### 1. ESP Services

The UFHP program exists to assure access to essential health services for urban residents of Bangladesh, especially vulnerable populations. UFHP has built a service delivery network which includes more than 252 clinics and approximately 2,800 satellite spots in 85 municipalities.

UFHP's goal is to promote access to ESP services by establishing a network of clinics which provide one-stop shopping for ESP services. Each network has at least one Comprehensive Clinic, which is staffed and equipped to provide all long-term family planning methods, and serves as a referral center for other service sites in the network. These clinics are also targeted for service expansion including safe delivery and post abortion care, as indicated.

UFHP's strategies are as follows:

- Ensure service delivery locations are accessible by residents and do not duplicate available services in the community. All service delivery locations must be at least one kilometer from other ESP providers.
- Establish service delivery network comprised of a comprehensive clinic, static clinic(s), upgraded clinic(s), and satellite spots. *Static clinics* are full-time, comprehensive clinics staffed with a full-time physician, paramedic (nurse) and counselor. Many static clinics offer evening hours. *Upgraded satellite clinics* operate full-time and are staffed by a part-time physician and full-time paramedic. *Satellite teams* include a paramedic and a service promoter (outreach person) who provide services at least once a week at locations provided by the community. Satellite teams can provide a limited number of health services and refer to the clinics for additional services. The number and type of service delivery sites in a given NGO network depends upon local needs and is based on demand for services.
- Provide an *Essential Service Package* (ESP) at all clinic locations. The essential service package encompasses NIPHP medium and high priority services and includes: child health (immunization for childhood diseases, acute respiratory infection prevention/ control,

diarrhoeal disease prevention/ control and Vitamin A supplementation); reproductive health (pre- and post-natal care, clinical contraception, non-clinical contraception and management of contraception side effects/ complications); and communicable disease control (increase awareness of HIV/AIDs, distribute condoms and manage reproductive tract infections and sexually transmitted diseases).

- Provide limited curative care as part of the ESP although ranked as a low priority service by NIPHP. In fact, limited curative care has proven to be an important component of the essential service package for a number of reasons. First, customers seek and are willing to pay for curative care which is generally not true of preventive services. UFHP clinic staff is trained to minimize missed opportunities and promote preventive services to customers seeking curative care. Furthermore, since customers are willing to pay for curative care, this service is essential for long term sustainability as a significant revenue generator and cross subsidizer of preventive care costs.
- Promote LTFP methods to build demand for clinical methods to combat the lack of a national focus on clinical family planning methods. First, UFHP is establishing 40 comprehensive clinics. Each comprehensive clinic (CC) will deliver all components of ESP services in general but long term family planning (IUD, Norplant, NSV and Tubectomy) methods in particular. Comprehensive clinics are high volume sites to ensure sufficient demand for long-term family planning services to maintain high quality standards. Second, UFHP has introduced two indicators – CYP and % couples protected in service area – which will be used to rate performance of all NGOs and clinics. In this manner, service delivery sites are rewarded for LTFP performance rather than penalized (historically UFHP has only reported total contacts as a measure of performance). Third, UFHP provides on-the-job training to providers who are often uncomfortable to apply skills learned in in-service trainings when they return to the clinic. This approach has proven effective in building provider confidence in new surgical techniques. Fourth, UFHP has promoted the importance of building demand for long-term family planning methods to clinic staff at all levels and provided BCC support for LTFP.
- Promote close collaboration with GOB, local government and other partners to ensure effective ESP health services delivery.
- Emphasize selected “low” priority NIPHP services as part of the ESP to address serious health problems including tuberculosis, nutrition, post-abortion care and safe delivery. Special initiatives have been introduced in selected clinics to expand access to these services.
- Target high-risk populations which historically do not seek health services to improve health outcomes. These populations include persons at risk for HIV and adolescents. Both target populations require new strategies to attract customers for services. The increasing risks of HIV in Bangladesh have elevated the importance of HIV services and UFHP is providing HIV related services in locations which target at risk populations. Similarly, UFHP’s adolescent reproductive health program uses innovative approaches to reach adolescents.
- Staff all NGOs and clinics with providers trained in ESP services delivery and quality assurance practices.
- Promote a prospective payment system to promote use of preventive services. For a flat fee, individuals and families receive all health services for a one-year period. The cost of the health card is based on a family’s income.
- Promote a caring friendly environment in all UFHP clinics. Ensuring high customer satisfaction is essential for long-term sustainability of the ESP program.

- Identify opportunities for expanding ESP services to new service settings by partnering with the private sector, charitable organizations and local government institutions.

## 2. BCC and Marketing

Transition from a community based non-clinical family planning program to a clinic based comprehensive ESP program has required a dramatic change in health seeking behavior among target populations. To support this change, UFHP has actively promoted clinics and ESP services to build awareness for available services.

UFHP's BCC/M activities have two main goals:

- Achieving the knowledge and behavior-related indicators laid out in IR 2; and
- Promoting our clinics and services in support of the coverage and cost recovery goals laid out in IR s 1 and 5.

UFHP's strategies for achieving these goals take into account the need to both capitalize on centrally organized mass media campaigns while developing clinic-level marketing capacity to address local needs.

UFHP strategies are as follows:

- Transfer responsibility for BCC/M planning, implementation, and monitoring to the NGO and clinic level. The UFHP program is administered by a three-member NGO management team including a BCC/M technical advisor with responsibility for overseeing the BCC/M component of the ESP program including development and implementation of a BCC/marketing strategy and plan for each service delivery location.
- Work to develop local-level market analysis and BCC/M planning capability. UFHP and our partner NGOs prepared a community profile detailing age and sex of area residents. This census serves as an invaluable dataset for marketing purposes. The Team provides technical assistance in the use of UFHP service statistics and catchment area data to help clinics prioritize and plan BCC/M activities, keeping the cost and potential impact of any planned activity in mind. UFHP encourages all clinics to include activities which build upon the NIPHP branding and category campaigns in their BCC/M plans for greatest impact.
- Provide tools and guidance to support local level BCC/M initiatives. UFHP clinics receive regular guidance in the form of BCC/M plan templates, guidelines on suggested activities to celebrate health-related National Days (such as the NIDs or World AIDS Day). As the NIPHP category campaigns roll out, UFHP supplies updates on the key messages so that UFHP clinics may echo the mass media effort with local level efforts.
- Support ongoing BCC/M activities to improve their quality. The UFHP BCC/M Team provides on-site technical assistance in areas such as group meeting facilitation, IPC/C counseling, monitoring and improving customer satisfaction, customer follow-up, and front line customer service. The NGO administrative manager with responsibility for BCC/M activities accompanies UFHP BCC/M Team members on these visits with a view to transferring monitoring and TA skills. Visit reports with concrete action steps are issued to the NGO and clinic BCC/M staff and to the UFHP TSC for timely follow up.
- Support NIPHP BCC campaign activities. UFHP provides input into the design and implementation of the activities outlined in the NIPHP BCC/M strategy to assure achievement of IR 2 indicators and promote UFHP clinics as warm, friendly, caring service providers.

- Educate UFHP customers about important health messages corresponding with IR 2. While impacting knowledge and behavior for the public at large is largely the responsibility of the national media campaign, ensuring that all users are aware of essential health messages is the primary responsibility of clinic staff.
- Develop effective BCC/M materials for UFHP program priorities. The UFHP BCC/M Team works with UFHP staff and BCCP to develop BCC/M campaigns specifically geared to UFHP priority initiatives and new programs. For example, the BCC/M Team, together with BCCP, is currently developing materials in support of UFHP's new Safe Delivery Program, a new NID card, as well as UFHP's ongoing long-term family planning initiative.

### 3. Quality of Services

From its inception, UFHP has emphasized quality as an essential component of the success of the program. UFHP's *Quality Comes First* initiative promotes quality as an ongoing process which incorporates standards and protocols, provider training, monitoring and supervision, and continuous improvement. While NGOs have been ultimately responsible for improving the quality of their programs, identification of areas for improvement has largely been an external function performed by UFHP and QIP. During the remaining contract period, UFHP's strategy is to shift responsibility for identifying and addressing opportunities for quality improvement to the NGOs to better position our partners for programmatic sustainability.

UFHP's goal is to implement an effective quality monitoring program which supports continuous quality improvement at the service delivery level.

UFHP's strategies are as follows:

- Staff UFHP program with a three-member NGO management team including a physician technical advisor with responsibility for overseeing the clinical component of the ESP program. Responsibilities include: 1) ensuring clinical personnel receive appropriate training and perform effectively; 2) conducting regular QA visits to all service delivery locations to evaluate clinical quality and identify areas for improvement; 3) following-up with service delivery sites to address clinical problems identified during QA visits; and 4) assuring compliance with clinical guidelines and protocols.
- Provide competency based training to providers to ensure high quality. UFHP has reviewed all core training courses and proposed significant modifications to the curriculum to emphasis practical, non-academic skill building in core ESP service delivery. These course modifications have been shared with PRIME. Based on field experience, UFHP has identified two areas as particularly weak which require particular emphasis in our training program - infection prevention and counseling.
- Involve all UFHP clinics in on-site monitoring; half the clinics are visited by an external review team composed of UFHP and QIP and the other half are visited by a review team composed of the NGO physician technical advisor and UFHP QA expert. The assessment follows a standardized site visit protocol and checklist. The checklist is designed to identify gaps in quality and a report is generated targeting areas for improvement.
- Provide technical assistance to all NGOs and clinics through a UFHP Technical Support Coordinator (TSC) who is a physician. The TSC monitors the activities at the clinic and NGO level to ensure that problems are addressed in a timely manner.

- Provide regular guidance to UFHP NGOs and clinics in the form of standards, guidelines, protocols and clinical updates. UFHP participates with partners to develop effective in-service training and refresher courses which are competency based, clinical guidelines and assessment tools.
- Foster collaborations with technical experts at the local level to develop and upgrade clinic provider staff technical skills.
- Provide all NGOs with an annual training calendar to enable management to plan training to minimize disruptions to clinic operations.
- Provide useful information for decision-making. UFHP has developed a quarterly *NGO Analysis Report* which provides useful information on various aspects of quality. In addition, UFHP is working with QIP to provide composite and detailed quality indicators for assessing service quality.
- Recognize quality as an essential component of program success and long-term sustainability and acknowledge excellence at the NGO and clinic levels.

UFHP supports the concept of a formal accreditation of NGO clinics to provide an external evaluation of quality. UFHP's strategy for continuous quality improvement is designed to ready our clinics to effectively participate in a future accreditation program.

#### 4. Institutional Development

UFHP is tasked with building a sustainable, high quality NGO service delivery program. For the past three years, the focus of UFHP's efforts has been to ensure high quality services and to build demand for ESP services among target groups. UFHP believes a sustainable program is a function of a strong clinical program, capable management and excellent financial management. This strategy acknowledges that NGOs which are cost-effective, well managed and recognized for high quality will likely be able to maintain a portion of their ESP program regardless of available funding, as well as be well positioned to obtain ESP donor support, regardless of the source.

Our goal is to promote long-term sustainability of good NGOs and their ESP programs by:

- Giving NGOs responsibility for identifying problems, strategizing solutions and initiating timely action; and
- Motivating our NGOs to achieve desired outcomes, especially financial viability.

UFHP's strategies are as follows:

- Decentralize key functions including quality assurance, BCC, planning and financial management. To support this UFHP has staffed each NGO with a management team including a physician technical advisor with responsibility for ongoing quality monitoring of the ESP program, financial manager with responsibility for the financial management of the program and an administrative manager with responsibility for BCC and program planning.
- Provide useful information for decision-making. UFHP has developed a quarterly *NGO Analysis Report* which provides useful information on the program's community profile, utilization, quality of care, efficiency and financial viability. In addition, UFHP is working with QIP to provide composite and detailed quality indicators for assessing service quality. A copy of the NGO report is attached.

- Require NGOs to justify investment decisions. UFHP NGOs have earned program income which is available to be used for program expansion. UFHP will work with NGOs to identify investment opportunities which have the greatest potential for supporting the long-term sustainability of the ESP service delivery program.
- Minimize HQ mandates and permit flexibility at the local level. UFHP has developed a high quality, service delivery network by establishing clear guidelines and program requirements. In the future, NGOs need to take more responsibility for their programs and become less dependent on UFHP to provide direction. UFHP must be willing to support NGO-sponsored initiatives where justified.
- Provide training for skill building in informed decision-making. UFHP has initiated an institutional development training series for the NGO management team and retreats with Executive Committee members. The purpose of the institutional development training series is to clarify the roles and responsibilities of the management team members; promote a team approach to management; and empower the NGO management team to identify problem areas, develop solutions and initiate timely action. Six areas essential for program success have been identified and are listed in the attached *Strategies for Success*. The workshop series involves group process and case studies to develop skills in problem identification and problem solving. In addition to the training program for the NGO management team, retreats will be conducted with the entire Executive Committee for each NGO to build an understanding of the effective role of an Executive Committee in promoting NGO and ESP program success.
- Define objective, transparent criteria for evaluating effectiveness and success. Rather than developing strict guidelines for program operations, UFHP will emphasize the importance of achieving desired outcomes as a measure of program success. To do this, UFHP will devise a set of program indicators which, if achieved, ensure program sustainability. These indicators must balance competing priorities including cost effectiveness, access to care for the most underprivileged, community health improvement and financial viability. Examples of key indicators include those reported in the *NGO Analysis Report* and the new composite quality indicators to be developed by QIP.

During the coming year, UFHP will critically assess the performance of its NGOs based on established criteria. NGOs who demonstrate effectiveness are our strong NGOs and will be rewarded. Methods of reward include:

- Recognition at national meetings as part of the annual award ceremony.
- Invitations to participate in new initiatives or expansion plans.
- Use of "successful" NGOs as providers of technical assistance and speakers at dissemination sessions.
- Nomination for study tours and international training opportunities.
- Profiles in the UFHP newsletter.

Most importantly, these NGOs are well positioned for continued NIPHP funding, other donor support and ultimately, long term sustainability and success.

##### **5. Financial Sustainability**

Long term sustainability of the ESP program and partner NGOs depends upon the sound financial management of the program.

UFHP's goal for financial sustainability is to establish effective financial management systems to support cost containment and efficiency, revenue maximization and increased productivity.

UFHP's strategies are as follows:

- Financial sustainability is a function of cost containment and revenue generation. UFHP NGOs and clinics have received substantial guidance on effective cost containment strategies including budgeting, minimizing administrative overhead, reducing operating expenses and promoting utilization to reduce average costs. Revenue generation strategies have also been emphasized including effective pricing strategies, successful collection procedures, sales of prepaid health cards, fundraising, other donor support for ESP related services, expansion of RDF and selected laboratory services which generate profits, and use of revenue funds for profitable initiatives.
- Establish a three member NGO management team including a financial manager with responsibility for overseeing the financial component of the ESP program. Responsibilities include: 1) ensuring financial personnel receive appropriate training and perform effectively; 2) establishing financial and management accounting systems with appropriate internal controls; and 3) monitoring revenues and costs and initiating appropriate corrective actions.
- Establish ambitious cost recovery targets to promote revenue maximization. Cost recovery rates of 20% are predicted to be achieved by June 2002.
- Provide timely information about service costs, pricing strategies and collections policies and procedures. UFHP engaged a consultant to conduct a comprehensive pricing study. The findings of this study have been shared with NGOs and clinics to support effective pricing policies. NGOs have received guidance on pricing considerations and strategies designed to maximize collections without discouraging customers from seeking preventive services.
- Improve data collection and IS to better capture utilization, revenue and collection information. This information is summarized monthly and quarterly and will support informed decision-making about pricing strategies, productivity and cost effectiveness at the NGO level.
- Promote a policy for rational discounting of ESP services. Assessing a customer's eligibility for a discount ensures that contract dollars do not subsidize the care of those individuals who can afford to pay for services and that discounts are applied fairly. In this manner, contract dollars are available to ensure access to those individuals most in need of support.
- Collaborate with the Urban Primary Health Care Project (UPHCP) on facilities construction for UFHP NGOs in targeted services areas. UPHCP proposes to construct 120 health centers in Dhaka, 20 centers in Khulna, 20 centers in Rajshahi and clinics in Chittagong City Corporations. Upon completion, any clinic built in a ward assigned to UFHP will be transferred to the NGO with operations in this ward. The location of centers depends upon availability of land. Arrangements are in process to transfer four clinics in the Dhaka Corporation to three UFHP NGOs (e.g., PSTC, PSKP and UTPS) which currently have operations in these wards. The number of clinics which will ultimately be transferred to UFHP is not known at this time. The facilities provide two advantages to our NGOs. First, rent expense will be eliminated for these centers. Second, the facilities include a first floor commercial space which can be rented out for income generation.
- Use excess revenue funds to promote sustainability. NGOs and clinics will be encouraged to use excess revenue funds for initiatives designed to promote long-term sustainability. These initiatives should generate profits to support the core ESP program. All requests to use revenue

funds will be required to incorporate an analysis of the financial feasibility of the project including projections of demand, costs and revenues.

- Promote health card sales and set card fees to maximize cost recovery. UFHP has been analyzing the impact of our health card initiative. Preliminary findings confirm that health cards are a valid strategy for promoting access as well as ensuring adequate cost recovery. NGOs and clinics will be provided useful information about the impact of health card sales on revenues by new IS system. This information will be used to assess fees in the second year of sales.

### **Future Focus**

During the remainder of the retreat, UFHP staff completed an assessment of UFHP's follow-up on key issues identified during the 2000 retreat and the fall program review and identified key areas which require strategic focus.

A number of topics were selected which, in the opinion of all UFHP staff, required targeted attention for the success of the project. Topics included:

- Promoting long term family planning methods
- Networking with GOB and other NGOs
- Strategic planning for the UFHP program
- NGO Performance Rating
- Improving office efficiency
- HIV program development
- Customer follow-up
- Patient Satisfaction

Small groups were convened during the retreat to address the first five topics. Discussion on the remaining four topics was postponed until after the retreat. Small groups were tasked with stating the purpose of the group (objectives of strategy) and specific action steps for improvement. Findings and recommendations of these work groups follow.

#### **1. Promoting LTFP Methods**

**Objective** – The purpose was to identify strategies for achieving UFHP's goal of institutionalizing LTFP in all UFHP static clinics in order to increase access to and utilization of LTFP methods. Specifically, UFHP proposes

- To ensure the full commitment of all staff for LTFP, at clinic level, NGO level and UFHP level.
- To develop BCC strategies that address misconceptions, build awareness and address provider bias about LTFP methods.
- To develop fully functional comprehensive clinics and to work with the GOB and other service providers in soliciting support in this regard.
- Develop policies that do not penalize clinics for providing LTFP services.

**Accomplishments** – UFHP is committed to improving access to and utilization of LTFP methods. Of the 146 static clinics in the UFHP network, all offer IUDs, 40% provide Norplant, and 36% offer sterilization. 40 comprehensive clinics have been established which offer all LTFP methods.

**Barriers** – A number of barriers for promoting LTFP methods among customers are identified as follows.

- Available logistics are inadequate and need revision of the existing budget.
- There is inadequate staff for the implementation and management of the LTFP program.
- There is no system for utilizing local level resources in providing LTFP services (GOB/NGO specialists).
- There is inadequate customer flow management for LTFP customers.
- Irregular supply of the necessary MSR and imprest fund from GOB and lack of co-ordination with relevant staff (MO-MCH, TFPO, ADCC).
- Lack of adequate training for all staff and service providers, as this is an on-going and time-consuming process.
- Lack of awareness of program management and service delivery staff with regard to the LTFP program implementation.
- Unavailability of system to link potential LTFP customers from clinic's own clientele, e.g. ANC and PNC customers.
- Unavailability of system for giving appropriate weight (acknowledgement/recognition) to LTFP performance.
- Inadequate counseling regarding method mix. Counselors are not adequately skilled and trained.
- Lack of on-the-job training for service delivery staff at the clinic level.
- Incentives offered by other agencies or organizations.
- Lack of initiative among the service delivery staff.
- Community-level barriers –
  - lack of awareness
  - lack of adequate and current information about LTFP
  - weak linkage with the community (family, religious and political leaders) and potential customers
  - failure to utilize satisfied customers
  - non-availability of BCC materials in support of LTFP
- Lack of a functional system of referral and linkage with GOB (many have not formed technical committees yet).

**Recommendations** – A number of recommendations for promoting LTFP methods follow.

- Generate common understanding at the UFHP HQ level about the programmatic importance of LTFP.
- Hold regional dissemination of the technical and programmatic aspects of the importance of LTFP at both NGO and clinic levels through workshops.
- Budget re-allocation for auxillary staff and equipment to ensure smooth service delivery and LTFP program management. This also includes static clinics outside the list of comprehensive clinics that would meet the minimum requirements for LTFP.
- NGOs should obtain DTC approval for all upgraded clinics and NGOs should be encouraged to start IUD service at the upgraded satellite clinics.
- Organize Divisional workshops involving concerned GOB staff to increase local level GOB and UFHP NGO collaboration. This should be followed up through local level co-ordination. UFHP staff and NGO managers and volunteers at all levels should establish personal level contact.
- Accreditation of regional training centers should be initiated with the support of local GOB staff and UFHP staff and provide on-the-job training.
- All clinician PD/PMs should be given LTFP training on a priority basis and the implementation and monitoring of the LTFP program should be built into their job descriptions.

- Devise appropriate BCC strategies to address the barriers identified with regard to LTFP.
- Develop a peer group from the list of satisfied customers to ensure a strong and steady flow of new customers for LTFP methods.
- Use local level consultants (GOB/private) on contractual basis for on-the-job training on LTFP.
- Design appropriate package (gifts/free clinical facilities/others) for LTFP acceptors.

## 2. Network with GOB and other NGOs

**Objective** – The purpose of this group discussion was to review the status of UFHP networking with GOB and other NGOs and come up with a prioritized list of recommendations.

**Accomplishments** – Key GOB officials have actively supported the UFHP program. Coordination has been accomplished through:

- Senior UFHP officials and high level GOB official meetings
- UFHP field staff visiting local GOB officials
- At NGO level, PD/PM/CM, SSP and Volunteers meet with GOB officials through local monthly coordination meetings and adhoc meetings in support of
  - FP logistics
  - EPI logistics and service site approval
  - DTC approval
  - Local service delivery coordination

**Barriers** – UFHP's relationship with GOB officials at the national level is excellent. UFHP NGOs' and clinics' relationships with local municipal officials is generally good although problems exist in some municipalities. Some barriers to effective collaboration include:

- Lack of coordination between central GOB policy-makers and local level implementing bodies.
- Lack of coordination between FP and Health Directorates after merger.
- Lack of proper documentation and dissemination of successful networking between UFHP and GOB.
- No clear directive issued to NGOs.
- Confusion regarding UFHP policy on charging fees for services by some municipalities. i.e. EPI, pills, etc.
- Failure of UFHP NGOs to select appropriate GOB official as chair according to GOB protocols.
- Some UFHP program activities, i.e. LTFP, overlap with the most critical program activities of other NGOs, e.g. MSCS, FPAB, etc.

**Recommendations** – Strong and effective collaborating relations between the GOB and UFHP are essential for the long term success of the program. The following recommendations are proposed for improving relations.

- Highlight and publicize existing success, i.e. FP, EPI, DTC, technical and non-technical collaboration through videos, newsletters, reports, brochures, etc.
- Issue clear UFHP directive for NGOs.
- Clarify service charge issue in problem locations for critical ESP components, EPI, pill, etc.
- Form and utilize local NGO technical and non-technical advisory committees.
- Hold periodic workshops with all local NGOs to resolve issues.
- Hold regular meetings with GOB officials at local level to resolve issues.
- Work more closely with NIPHP partners to smooth problems (IOCH and Deliver)

### 3. Strategic Planning for UFHP Program

**Objective** – The purpose of this group discussion was to evaluate strategic alternatives and considerations for the future of the UFHP program.

**Accomplishments** – During the past three years, UFHP has established a network of clinics in urban areas, nationwide. In support of this network, UFHP HQ employs professional staff with skills in quality assurance, program management, training and program development. The present contract term ends June 2002. Staff and partner organizations propose to evaluate opportunities for the future of the program.

**Strategies** – Issues requiring further consideration are as follows.

- Determination of USAID support for the UFHP program beyond June 2002 and expected focus of the project.
- Future relationships and roles of three UFHP management partner organizations – CWFD, PSTC and BCCP. Need to define expectations in terms of performance and potential for expanded functionality beyond June 2002.
- Need to define expectations for NGO service delivery partners regarding performance and continued support for ESP program beyond June 2002.
- Need clarification of potential scope of UFHP HQ role in supporting ESP program beyond June 2002 and define staff skills to meet long term needs.
- Need clarification from USAID of JSI's role in identifying additional funding sources to support continuation of UFHP program and ESP services delivery beyond June 2002.
- UFHP needs to identify potential strategies for program continuation in the event that USAID funding is not sustained.

**Recommendations** – UFHP will initiate discussions to identify strategies for the future of the UFHP program.

- UFHP will follow-up with USAID regarding any guidance about the future of the UFHP project beyond June 2002, as appropriate.
- UFHP will meet with our three management partners to discuss expectations and develop various strategies for future collaboration. It is expected that these discussions will serve as a forum to clarify expectations for performance during the remainder of the contract period as the basis for determining any expanded role beyond June 2002. Various models for partnership will be evaluated but final determination will depend upon the ultimate requirements of any follow-on contract and scope of work.
- UFHP is defining performance measures which define success for our NGO service delivery partners. These criteria will be communicated to all our projects and will be used to assess effectiveness. Expectations regarding successful achievement of key indicators will be communicated including linking performance with future funding opportunities. UFHP is prepared to further consolidate funding to strong NGOs in the next round of funding (if available) and proposes to inform our partners of the need to deliver in this contract period if they want to participate in future funding rounds.
- UFHP will clarify JSI's role in seeking additional funding sources to support our NGO partners and their ESP programs.

#### 4. NGO Performance Rating

**Objective** – The purpose was to develop objective, transparent criteria for evaluating effectiveness and success of our partner NGOs and clinics. These indicators must balance competing priorities including cost effectiveness, access to care for the most underprivileged, community health improvement and financial viability.

**Barriers** – Determination of a set of objective criteria is complicated by various competing considerations. These include:

- New expansion of programs is likely to negatively impact short-term performance. Selected indicators should not penalize projects which are involved in special initiatives and new expansions by comparing performance with projects which have more established and focused projects.
- Improved performance is important and should be acknowledged even if overall performance is comparably lower than other projects because it is an indication of management commitment to long term success.
- LTFFP is a high cost but critical services. Selected criteria should recognize the relative contribution of a project to improving the LTFFP method use for Bangladesh.
- Need to balance growth in terms of reporting increased contacts for the program and cost-effectiveness as an essential consideration for long term sustainability.
- Promoting achievement of defined intermediate indicators which serve as criteria for UFHP program success.

**Recommendations** – A draft set of indicators were developed. These indicators are very preliminary. Many of the indicators are included in the NGO Report which is designed as a tool for the Management Teams to assess progress towards desired ends. The indicators are grouped by the six components of program success to complement the Institutional Development Training series. A draft list follows:

##### Building Demand for Services

- Avg customers/day by service site
- Avg services/day by service site (MO)
- Market share for immunization, ANC
- User awareness of BCC messages (Measure survey?)
- Growth rate
- CYP
- % couples protected in service area

##### High Quality of Care

- Immunization drop out rates
- ANC drop out rates
- % < 1 yr receiving Vitamin A
- Patient satisfaction
- QA composite scores
- % service providers with core training

##### Effective Financial Management

- Cost per visit (YTD)
- Fees per visit (YTD)
- Collections per visit (YTD)
- Cost recovery rate

- % visit target achieved for 25% recovery
- RDF Revenues/RDF capital
- RDF revenue/ESP fee revenue
- Audit report findings

#### Leadership and Governance

- Implementation of SP
- Municipal support (DTC approval, epi approval and logistics, )

#### Program Development

- Source of funds for ESP services other than USAID UFHP

#### Administration

- Improving trends on QA reports
- Improving trends on TSC reports
- Adequate logistics supply

### **5. Improving Office Efficiency**

**Objective** – The purpose of this group discussion was to identify opportunities for improving the efficiency and effectiveness of office operations at UFHP HQs.

**Recommendations** – A list of problems and proposed solutions is included in the attachments.

## Appendices

Management Team Job Descriptions

Strategies for Success

NGO Report

UFHP HQ Support Recommendations

ESP Recommendations

## **JOB DESCRIPTIONS**

### **Project Director**

- Overall responsibility for the ESP program including day-to-day management and long term planning.
- Works with Executive Committee to establish program direction and regularly informs Committee of progress towards goals
- Ensures excellent relations with partners including donors, local GOB, community leaders, and UFHP
- Oversees the quality and relevance of substantive work of the program, either directly or working through staff
- Ensures compliance with policies, procedures and regulations
- Coordinates regular meetings of the management team to review program status in key areas including governance, marketing and demand, quality, financial management, planning, program development and
- Ensures MIS data is routinely analysed and used in management decision-making; reviews trends in volume, expenditures and revenue generation to identify potential problems and take corrective action with management team
- Ensures timely implementation of performance appraisal activities and staff development plans

### **Clinical Responsibilities (Physician)**

- Serves as key member of the management team with primary responsibility for overseeing the clinical component of the ESP program.
- Lead responsibility to ensure that clinical personnel receive appropriate training and demonstrate effectiveness in their positions at both the NGO and local levels.
- Conducts regular QA visits to all service delivery locations to evaluate clinical quality and identifies areas for improvement.
- Responsible for following-up with service delivery sites to address clinical problems identified during QA visits.
- Assures compliance with clinical guidelines and protocols.

### **Financial Responsibilities (Financial Manager)**

- Serves as key member of the management team with primary responsibility for overseeing the financial component of the ESP program.
- Routinely performs basic analyses on expenditures and revenues, identifies trends and potential problems
- Shares important financial issues with management team during regular meetings
- Lead responsibility to ensure that financial personnel receive appropriate training and demonstrate effectiveness in their positions at both the NGO and clinic levels.
- Develops and monitors financial and management accounting systems for ESP program with appropriate internal financial controls
- Supervises the review of financial reports to ensure their accuracy, internal consistency and compliance with standard accounting practices
- Prepares, presents and monitors annual budget in line with strategic plan
- Reviews the progress of RDF and supervises implementation of improvements
- Identifies strategies for maximizing revenues and reducing costs and works with management team to approve and assign responsibility for implementing strategies; promote strategies to increase cost-recovery

#### Administrative Responsibilities (Non-Clinical Manager)

- Serves as key member of the management team with primary responsibility for overseeing the administrative component of the ESP program.
- Lead responsibility for ensuring the development and implementation of a BCC/marketing strategy and plan for each service delivery location. Works with CM and SSP and SPs to ensure implementation of plan.
- Facilitates participation in national ESP related events at the local level
- Builds strong linkages with GOB, other NGOs and private sector institutions at the local level
- Assists CMs in developing appropriate referral relations
- Lead responsibility to ensure that administrative personnel receive appropriate training and demonstrate effectiveness in their positions at both the NGO and clinic levels.
- Ensures MIS produces timely and relevant information for management decision-making; ensures reports are disseminated to management team and CM as appropriate
- Seek opportunities to build the ESP program including pursuing new funding sources and grant opportunities.

## STRATEGIES FOR SUCCESS

1. **BUILD DEMAND/MARKETING**
  - a. Direct marketing to potential customers
  - b. Improve public relations/increase visibility
  - c. Increase customer satisfaction
  - d. Address missed opportunities/reduce drop outs
2. **MAINTAIN HIGH QUALITY**
  - a. Assure staff competence
  - b. Facilities, equipment and clinical systems (FU, ESP, assessment)
  - c. Effective program monitoring and supervision
  - d. Team coordination
  - e. Establish linkages and referral networks
3. **FINANCIAL MANAGEMENT**
  - a. Contain costs
  - b. Maximize revenues (RDF sales, etc.)
  - c. Internal controls and budgeting
4. **LEADERSHIP AND GOVERNANCE**
  - a. Structure and function (who and what)
  - b. Strategic planning
  - c. Roles and responsibilities
  - d. Program monitoring
  - e. Networking and Collaboration
5. **PROGRAM DEVELOPMENT**
  - a. Planning (Community needs assessment, opportunities and threats, priority setting, work plan development)
  - b. Foster relationships with key stakeholders
  - c. New business opportunities (grant writing, fund raising, etc.)
  - d. Community development
6. **ADMINISTRATION**
  - a. Internal Communications
  - b. Personnel Management (R&R, policies, appraisals)
  - c. Logistics
  - d. Information systems and Reporting

## UFHP HQ Support

The purpose of our group discussion was to identify opportunities for improving office efficiency.

Barrier	Proposed Action/Solution
Not enough printers	<ul style="list-style-type: none"> <li>Printer location reallocation</li> <li>Add one printer</li> </ul>
Misuse of paper	<ul style="list-style-type: none"> <li>Recycle paper guidelines will be issued for all</li> </ul>
Office supplies problem	<ul style="list-style-type: none"> <li>Monthly requisition slip will be introduced</li> <li>Stock registered should be introduced</li> </ul>
Mail dispatch	<ul style="list-style-type: none"> <li>Dispatch box (add'l) to be located at OSM room</li> </ul>
Office maintenance	<ul style="list-style-type: none"> <li>Reassignment of work</li> <li>Effective supervision</li> <li>Individual responsibility (desk cleaning/computer)</li> </ul>
Transport and Travel arrangement	<ul style="list-style-type: none"> <li>Maximize utilization of office vehicle</li> <li>Identify and utilize agency to buy Air/Train tickets</li> <li>Assign separate personnel for all vehicle related management</li> <li>Modify vehicle requisition form</li> </ul>
Developing professionalism	<ul style="list-style-type: none"> <li>Staff orientation on professionalism</li> </ul>
Secretarial service distribution	<ul style="list-style-type: none"> <li>Re-allocate of workload.</li> </ul>

In addition to the OHP presentation following tasks/responsibilities were given to the person for smooth functioning of the office work.

**Telephone bill/repair:** Charles is primarily responsible for repairing of telephone line also he will collect telephone bill and Kishore will follow-up.

**Photocopier/Spiral machine maintenance:** Kabir and Yousuf are responsible for repair.

**Computer maintenance/repair:** Shamir is primarily responsible and Reza will assist.

**Supervision of Office/toilet cleaning/lighting etc:** Primarily responsibility: Sharif and OSM will supervise.

**Vehicle/Driver duty roster and overtime checking/Conference room booking:** Primarily Ms Shahina and Sharif will supervise and follow-up.

Presently four Secretaries are responsible to support the following personnel:

Kishore	Kabir, Susan, Rukhsana, Noor and Anne
Shahina	Amy, Tariq, Arjumand, Salim, Ishtiaq, Ikhtiar and Parveen
Reza	Faruq, Ishrat, Nadira, Sadia, Iqbal, Hashma. Ashfaque, Amin, Nahar and Zahid
Sekander	Central services team, finance team, Setara. Aleya, Rabeya and Zeenat

Mr Omar will circulate the allocation of Secretaries workload once the new sitting arrangement is done.

**Attachment L**  
**UFHPs Review Priorities 2001-2002**

## UFHP Review Priorities 2001-2002

The UFHP Research Team proposes the following research priorities for 2001-2002:

- Health Card Initiative review
- Pricing Policy review
- TB Program review
- Safe Delivery Program review
- Development and Field Testing of NGO Performance Rating System
- Customer Satisfaction monitoring review

**1. Health Card Initiative:** UFHP's Health Card Initiative began in June 2000. In November 2000, an external consultant visited Bangladesh and conducted a preliminary review of the Initiative to date. Key findings were that willingness to pay for the health cards was high and that sales continued through the clinics at a reasonable rate even after the initial door-to-door marketing period.

The health card initiative was originally conceived as a strategy to increase contacts and reduce missed opportunities by bringing in hard to reach customers (the poor and underserved) and encouraging one-stop shopping by eliminating multiple service charges when a customer receives services for unmet needs. The health card initiative was also thought to be a possible way of improving cost recovery and sustainability through cross-subsidisation and differentiation of prices and services according to target customer groups.

**Research questions:** Given these goals, UFHP has identified the following research questions for review:

- For each card type (blue, yellow, and red), to what extent are the health cards bringing in new customers?
- For each card type (blue, yellow, and red), to what extent are the health cards influencing continuity of care?
- To what extent are the health cards helping UFHP to address missed opportunities?
- How have the health cards impacted ESP service accessibility for the hard core poor?
- For each card type, to what extent have customer use rates changed compared to before the introduction of the cards and compared to non-cardholders?
- To what extent have clinic revenues changed?
- To what degree has the Health Card Initiative impacted cost recovery rates at UFHP clinics?
- To what extent have the initial health card sales guidelines been followed by UFHP NGOs? What additional innovative strategies have the NGOs used in promoting the health cards, and why?
- How will the yet-to-be-introduced formal means testing tool for health card sales impact card sales, revenues, and customer numbers?

**Timeline:** UFHP is currently collecting quantitative data on health card sales, clinic revenues, and clinic use rates, and qualitative data on clinic sales strategies and

experience with the health cards to date. UFHP expects to continue data collection from a representative sample of UFHP clinics over the next several months, with analysis complete in time for the next round of health card sales in May 2001. Based on the findings from this ongoing in-house review, UFHP may elect to invite one of two external consultants already familiar with the Health Card Initiative to conduct a more extensive review in six months time.

**Feedback into program:** UFHP will use the data collected to develop new guidelines for the health cards covering such issues as customer targeting, setting card prices and co-pays, setting card benefits, and using health cards to encourage customers to seek high-impact services (such as EPI and ANC).

**2. Pricing Policy review:** A *Pricing Strategy for Clinical Services* for UFHP was completed in June 2000. The strategy incorporates findings from 4 other studies which examines customers' willingness and ability to pay, UFHP's cost structure, and UFHP's competitors' pricing policies. The objective of the strategy was to outline the steps that UFHP must take in order to optimise cost recovery at UFHP sites. The strategy concluded that UFHP is generally pricing our services way below unit costs, but also below customers' willingness, and to a lesser extent, ability to pay. In addition, UFHP service sites across the board provide discounts in an unsystematic fashion: in spite of our underpriced services, we are not collecting our posted price. Priority was placed on collecting a higher percentage of the current posted prices (reducing discounting), and on issuing pricing guidelines to the NGOs to help them rationalise their price lists based on unit costs, customers' willingness and ability to pay, and the going market.

Based on the strategy, UFHP is in the process of developing pricing guidelines, a means testing tool, and an orientation on fee collections and the new pricing strategy for its NGOs. Once these are in place, research will be needed to monitor the impact and to learn from the experiences of different NGOs in implementing their individual pricing strategies.

**Research questions:**

- How have the NGOs differed in their implementation of the pricing guidelines? Which strategies appear to have been more or less successful, and why?
- To what extent have the pricing guidelines influenced demand for services (all services and services by major component (RH, CH, LCC, CD)? What are the implications?
- To what extent have clinic revenues changed?
- To what degree have cost recovery rates at UFHP clinics changed?
- To what extent has the ratio of ESP priority service contacts to LCC contacts changed?
- What has been the impact of service packaging on costs, revenues, missed opportunities, and drop outs?
- Based on the findings on use, revenue, and costs, is there a need for changes in the pricing guidelines?
- How has the means testing tool impacted service fee collections?
- How has the introduction of the pricing policy and fee collections guidelines impacted customer satisfaction?

**Timeline:** Ongoing monitoring of impact using UFHP MIS and more in-depth review 6 months after introduction of guidelines.

**Feedback into program:** Findings from the monitoring and review will be disseminated to the UFHP NGO Management Teams and will be used to revise UFHP's pricing policy guidelines to the NGOs.

3. **TB Program review:** UFHP was recently requested by USAID to develop a proposal for expansion of its current collaboration with the GOB in the implementation of the National TB Control Program (NTP). UFHP and the DGHS have been jointly working in two municipalities, Chittagong and Khulna, to combat TB.

A review of the national TB program, of which UFHP is a part, was conducted by the GOB in October 2000. The review found that the case detection rate for pulmonary TB new smear-positive cases was 29.1%, less than half of the national target of 70%. The cure rate was 75.3% of newly detected cases, also lower than the NTP target of 85%. These findings seem to imply, at the very least, a need for improvements in the areas of BCC/outreach, and follow up.

In order to learn from its experience in implementing the NTP, and to apply these lessons learned in the proposed expansion sites, UFHP plans to review its current program performance. UFHP will also conduct formative research to strengthen the BCC component of the TB program.

**Research questions:**

- What is the overall effectiveness of the UFHP-managed NTP program in Khulna and Chittagong in terms of case detection rate, cure rate, drop out rates, cost effectiveness?
- What are the strengths and weaknesses of each aspect of the program:(identification of possible cases through outreach/BCC), diagnosis and treatment (training program effectiveness, availability of equipment, drugs), follow up, reporting)?
- What can we do to improve performance?
- How can the coordination among stakeholders of the NTP program be made more effective, in terms of BCC, lab facilities, case detection, referral, tracing dropouts, and DOTS as a whole?

**Timeline:** UFHP will conduct an in-house review of NTP program implementation over the next 12 months. If supported by the review results, UFHP will work with local consultants to conduct research to inform a BCC campaign to improve self-identification rates among TB positive cases. UFHP will explore the feasibility of coordinating with other NTP implementers to conduct city-wide BCC campaigns. UFHP will couple this BCC program with an outreach effort spearheaded by UFHP service promoters assigned to TB program activities.

**Feedback into program:** The initial review results informed UFHP's TB program expansion plans. UFHP proposed to hire service promoters dedicated to the TB program as a means of strengthening TB BCC and outreach activities at the local level. Findings from the follow-on qualitative research will be the basis for TB-related BCC and outreach activities in the new program.

**4. Safe Delivery review:** The UFHP Safe Delivery Program is slated to begin implementation in February 2001. The objective of the Safe Delivery Program is to reduce maternal and neonatal mortality by increasing the number of births that are attended by a trained paramedic or doctor and ensuring that women who experience pregnancy-related complications are able to access care. The Safe Delivery Program builds UFHP's existing ANC and PNC services which include care and monitoring of the mother and baby and health education on subjects such as pregnancy danger signs, birth planning, the benefits of giving birth in a clean and safe environment, breastfeeding, and family planning. The Safe Delivery Program also includes a systematized referral system (including transport) for women experiencing complications.

**Research questions:**

Group 1:

- Is there a need for additional inputs?
- Are services being provided according to UFHP training and protocols?
- What is UFHP's market share for delivery services?
- What were the difficulties in operationalizing the Safe Delivery Program and how were they overcome?
- How satisfied are Safe Delivery Program customers?
- What is the program cost?
- What is the cost recovery rate for the program to date?
- Are there clinic-level variations in these indicators? What do they imply?
- What are the strengths and weaknesses of each aspect of the program:(BCC/M, quality of care, referral system, logistics, reporting, follow up)?
- Is the pricing and service packaging appropriate?
- What can we do to improve performance?

Group 2:

- How do the birth outcomes at UFHP clinics compare to the national average?
- How effective are the referral mechanisms in terms of birth outcomes and functionality?
- Should the UFHP Safe Delivery Program provide services in the home?
- How can the Safe Delivery clinics involve TBAs/community members in the program to reduce maternal mortality?

**Timeline:** UFHP will monitor indicators related to each of the Group 1 research questions throughout the first 6 months of implementation and prepare a summary report after the first 6 months. UFHP (either in-house or with the help of a local

consultant) will conduct a review of the Safe Delivery program to answer both Group 1 and Group 2 research questions 1 year from the date of program start up. Data for the summary report is routinely gathered through the UFHP MIS and or through clinic-level customer satisfaction surveys. The sources of data for this review will be the UFHP MIS, clinic-level customer satisfaction surveys, and may include additional instruments.

**Feedback into program:** Findings from the summary report of the first six months of program implementation and from the Year 1 Review will be used to adapt the program in UFHP's six pilot sites. Findings from the Year 1 review will also be used to determine the feasibility and desirability of a program expansion.

**5. Customer Satisfaction monitoring review:** Continuous monitoring of customer satisfaction is essential for the service delivery NGOs to better position themselves as truly customer-oriented facilities. As an integral part of the UFHP motto "quality comes first", it is essential that UFHP clinics meet both technical quality of care standards and the quality expectations of the customers to ensure their maximum satisfaction. Capturing customers' feedback on their perceived satisfaction indicators would enable UFHP clinics to fine-tune their service delivery systems so that they are more responsive to customers' expectations regarding the quality of care of their service outlets. In order to collect customer feedback data, a simple exit interview questionnaire was recently developed and provided to all UFHP NGOs.

**Research questions:**

- What have been the barriers to the use of the customer satisfaction monitoring tool at the NGO level?
- How have findings from customer satisfaction monitoring activities been used at the NGO level, and what is the impact?
- How can the tool be improved?
- How can UFHP better market the concept that understanding customer satisfaction contributes to improving demand to UFHP NGOs to help them become more customer driven?

**Timeline:** The NGOs will be using the tool on an ongoing basis. UFHP will monitor the progress over the next 6 months time.

**Feedback into program:** Findings from the monitoring and review will be used to improve the customer satisfaction monitoring tool, and to promote customer satisfaction monitoring among UFHP clinics as a way to build demand and increase revenues.

**6. Development and Field Testing of NGO Performance Rating System:** Over the last year, UFHP has begun to concentrate its efforts on building organisational and financial sustainability among its service delivery NGOs as a means of ensuring the continuation of quality ESP service delivery programs after project end. As a result, UFHP has been working to develop NGO-level skills in areas such as quality assurance, demand generation, financial management, human resource management, new business development, strategic planning, and governance; this work is being done with a view to transferring more and more of these important functions to the

NGO level as the project nears completion. The drive to build organisational and financial sustainability, coupled with the maturity of the program, necessitates the establishment of new milestones and the development of a new NGO performance rating system to measure NGO performance against these milestones. In the coming months, UFHP will be defining new "Management Objectives". These objectives are the milestones each service delivery NGO must reach to ensure success in the areas of organisational and financial sustainability. Once the new Management Objectives have been defined, UFHP will design and pilot an NGO Performance Rating System to measure NGO progress towards meeting these milestones.

**Timeline:** Development of the NGO Performance Rating System will begin on finalisation of the new Management Objectives, perhaps as early as March 2001. Development of the system will be led by the UFHP Research Team and will involve UFHP Technical Service Coordinators and other UFHP staff.

**Feedback into program:** The NGO Performance Rating System will be the primary tool used by UFHP to identify NGOs in need of further technical assistance, and to select those NGOs capable of providing TA or worthy of awards.

**Attachment M**  
**UFHP Documentation and Dissemination Plan**

## UFHP Documentation and Dissemination Plan

**Objectives:** The UFHP Documentation and Dissemination program has 4 main objectives:

- To document UFHP experiences and lessons learned;
- To spotlight individual UFHP NGO and clinic achievements
- To share information with stakeholders, UFHP partners, implementing organisations, and donors;
- To suggest/recommend strategies and actions to policy makers;

**Channels:** In order to achieve these objectives, UFHP has identified 6 main dissemination channels:

- Periodic newsletters
- UFHP webpage
- Dissemination sessions for UFHP NGOs
- End of project national dissemination session (perhaps in collaboration with other NIPHP partners)
- Regular participation by UFHP HQ and NGO staff in national and international conferences
- UFHP brochure

These channels are described in detail here:

**1. Periodic newsletters:** UFHP is planning an English language "UFHP Update" to be published quarterly or semi-annually by UFHP HQ, using a long-term intern, fellow, or consultant as a writer who has English as a first language (scope of work attached).

**Intended audience:** UFHP NGO upper management, USAID and other donors, GOB, international organisations implementing health programs inside and outside the NIPHP, JSI

**Proposed content:**

- UFHP Performance Trends
- Features on exemplary NGO or clinic activities (thought is to foster friendly competition between UFHP NGOs while highlighting sound management practices and discussing successful strategies for dealing with management challenges)
- UFHP program successes (feature articles/highlights of ongoing special programs or collaborative efforts with the GoB/ADB/others, examples of successful fund leveraging)
- New initiatives
- Favourable review and evaluation findings with tangible lessons learned
- Flash news: Short takes on no sensitive UFHP policy changes, reminders on special days, upcoming events/RFPs, etc.

**Proposed format:**

- 4 - 6 page
- Color photos, otherwise black and white or bicolour
- 500 copies per issue

2. **UFHP webpage:** The UFHP webpage would be based in Dhaka and updatable from UFHP. It would be linked to the JSI website and updated quarterly. Primary responsibility for this task would rest with the long-term intern, fellow, or consultant mentioned above.

**Intended audience:** International organisations implementing health programs inside and outside Bangladesh, JSI and those interested in JSI's programs, USAID and other donors

**Proposed content:**

UFHP Project Profile including IRs, information on the Management Partners, NGO listing, information on service delivery sites, UFHP special initiatives

- UFHP Performance Trends (updated quarterly)
- UFHP program successes (feature articles/highlights of ongoing special programs or collaborative efforts with the GoB/ADB/others, examples of successful fund leveraging) (updated quarterly and excerpted from periodic newsletter)
- Flash news: Titbits on UFHP special activities

**Proposed format:**

- Home page + 4 pages
- 20 MB site

3. **Dissemination sessions for UFHP NGOs:** UFHP holds annual dissemination workshops for its service delivery partners

**Audience:** NGO senior management (PDs, PMs, FAMs), NGO Executive Committee members, UFHP HQ staff

**Content:** The NGO dissemination sessions are the vehicle through which UFHP reviews the performance of the past year and sets targets for the current year with NGO senior management. The sessions typically include a brief overview of the NIPHP of UFHP's place within it, a review of the UFHP Program, the SO and IRs we are working towards, our progress towards achieving these IRs to date. UFHP also reviews the previous year's priorities and progress, and sets priorities for the coming implementation year in collaboration with the service delivery partners. Additional sessions may include the dissemination of new research findings (although this is typically done during workshops or through the introduction of guidelines). The Dissemination session is capped off by an awards ceremony, which recognises UFHP's "best and brightest" for the previous year.

**Format:** The dissemination sessions are typically 1.5 to 2 day sessions, and are a combination of presentations by UFHP HQ staff, UFHP service delivery NGO staff, group discussions and working groups.

**4. End of project national dissemination session and report** (perhaps in collaboration with other NIPHP partners)

**Intended audience:** UFHP NGO upper management, USAID and other donors, GOB, international organisations implementing health programs inside and outside the NIPHP and Bangladesh, JSI

**Proposed content:**

- UFHP Achievements and Lessons Learned

**5. Regular participation by UFHP HQ and NGO staff in national and international conferences**

**Intended audience:** USAID and other donors, GOB, international organisations implementing health programs inside and outside the NIPHP and Bangladesh, JSI

**Proposed content/cost:** Depends on conference

This mechanism needs to be centrally organized by UFHP, and sponsored either with UFHP (where permitted by USAID) or by JSI funds

Attachment N  
UFHP Performance – August 1997 - March 2001

ESP Components		Aug. 1997 - Sep. 1998	Oct. 1998 - Sep. 1999	Oct. 1999 - Sep. 2000	Oct. 2000 - Mar. 2001	Total
<b>A. Child Health Contacts</b>		<b>410,091</b>	<b>674,111</b>	<b>1,350,956</b>	<b>964,862</b>	<b>3,400,020</b>
Immunisation	BCG	29,247	50,432	89,148	66,063	205,643
	DPT/Polio 1		68,084	106,903	85,031	260,018
	DPT/Polio 2		66,302	94,059	73,967	234,328
	DPT/Polio 3	45,069	45,482	80,838	61,446	187,766
	Polio 4		51,446	81,491	48,461	181,398
	Measles	16,617	40,560	71,681	48,496	160,737
	<b>Sub Total</b>	<b>90,933</b>	<b>322,306</b>	<b>523,647</b>	<b>383,464</b>	<b>1,229,417</b>
Vit- A	< 1 Year	212,243	60,664	69,955	46,631	177,250
	1 - 5 Year		15,663	34,151	10,296	60,110
	<b>Sub Total</b>	<b>212,243</b>	<b>76,327</b>	<b>104,106</b>	<b>56,927</b>	<b>237,360</b>
Diarrhoea	No dehydration - Plan A	60,934	72,750	206,408	171,171	450,329
	Some dehydration - Plan B		35,513	40,126	25,940	101,579
	Severe dehydration - Plan C (Referral)				4,188	4,188
	Dysentery		29,136	53,919	32,848	115,903
	<b>Sub Total</b>	<b>60,934</b>	<b>137,399</b>	<b>300,453</b>	<b>234,147</b>	<b>671,999</b>
ARI	Cough "No Pneumonia"	45,981	114,172	266,017	191,296	571,485
	Pneumonia		19,961	41,305	28,996	90,262
	Severe Pneumonia (Referral)				1,456	1,456
	<b>Sub Total</b>	<b>45,981</b>	<b>134,133</b>	<b>307,322</b>	<b>221,748</b>	<b>663,203</b>
Disease Surveillance	AFP Case				14	14
	NNT Case				12	12
	Measles Case				123	123
	<b>Sub Total</b>				<b>149</b>	<b>149</b>
# of severely malnourished children <2 yr					4,264	4,264
<b>Counselling only</b>			3,677	104,328	68,427	176,432
<b>B. Reproductive Health Contacts</b>		<b>600,080</b>	<b>1,445,053</b>	<b>2,772,568</b>	<b>1,844,307</b>	<b>6,662,008</b>
ANC	1		121,275	197,001	139,770	458,046
	2		54,494	115,687	87,968	258,149
	3 +		26,240	72,864	58,215	157,319
	Referrals		5,127	14,208	6,187	25,522
	<b>Sub Total</b>	<b>77,559</b>	<b>207,136</b>	<b>399,760</b>	<b>292,140</b>	<b>899,036</b>
	<i>Iron folate Supple.</i>				107,865	107,865
TT	Pregnant - 1		36,622	65,428	59,920	161,970
	Pregnant - 2		27,197	50,841	32,161	110,199
	Pregnant - 3		9,508	20,479	15,997	45,984
	Pregnant - 4		2,437	6,679	5,276	14,392
	Pregnant - 5		1,568	3,958	3,238	8,764
	Non-Pregnant - 1		56,974	75,530	58,451	190,955
	Non-Pregnant - 2		31,018	51,120	24,198	106,336
	Non-Pregnant - 3		17,367	34,092	16,098	67,557
	Non-Pregnant - 4		3,239	10,716	6,576	20,531
	Non-Pregnant - 5		1,663	3,940	3,058	8,661
<b>Sub Total</b>	<b>69,818</b>	<b>187,593</b>	<b>322,666</b>	<b>224,973</b>	<b>735,232</b>	
PNC	PNC Visit	14,485	43,853	97,792	66,252	207,897
	<i>Vit-A Supplementation</i>				42,263	42,263
Delivery	Performed			12	262	274
	Referred		174	6,310	1,402	7,886
	<b>Sub Total</b>		<b>174</b>	<b>6,322</b>	<b>1,664</b>	<b>8,160</b>
PAC	Performed				109	109
	Referred				312	312
	<b>Sub Total</b>				<b>421</b>	<b>421</b>

ESP Components		Aug. 1997 - Sep. 1998	Oct. 1998 - Sep. 1999	Oct. 1999 - Sep. 2000	Oct. 2000 - Mar. 2001	Total
Family Planning Service Contacts		349,350	820,556	1,285,929	836,339	3,292,174
Family Planning	Pills	135,577	357,538	540,784	376,797	1,275,119
	Condom	94,242	152,559	168,725	132,355	473,639
	Injectable	115,237	259,849	431,699	259,280	950,823
	IUD	4	3,356	5,162	2,828	11,346
	Norplant	860	1,580	6,908	3,068	11,556
	Vasectomy		768	1,555	1,062	3,385
	Tubectomy	121	443	801	490	1,734
	Removal		1,898	1,817	752	4,467
				1,487	728	2,215
	Follow-up			5,276	3,017	8,293
				10,504	5,788	16,292
				1,842	505	2,347
				802	475	1,277
	Outbound Referrals			1,226	379	1,605
					42	42
				777	184	961
	Sub Total		349,350	777,991	1,197,362	787,750
Family Planning	Contraceptive Side Effects		13,049	27,077	11,925	52,051
	Pill		21,701	46,785	30,463	98,949
	Injectables		3,867	5,493	1,812	11,172
	IUD		1,058	4,731	3,999	9,788
	Norplant		887	531	202	1,620
	Sterilisation		5,879		188	6,067
Sub Total		47,529	40,562	84,617	48,589	173,768
RTIs/STDs	Female		128,734	322,556	99,624	550,914
	VDS : Cervicitis				153,546	153,546
	VDS : Vaginitis					
	LAP		35,775	111,169	36,952	183,896
	GU/IB		3,294	4,369	1,115	8,778
	Male		4,902	6,233	2,896	14,031
		6,247	19,804	9,331	35,382	
Sub Total		35,460	178,952	466,970	303,464	949,386
Counselling only			6,789	193,129	119,054	318,972
C. Communicable Disease Contacts		37,778	11,801	2,125	1,532	53,236
	TB		2,972	385	421	3,778
	Malaria			955	468	1,423
	Other		8,829	785	643	10,257
D. Limited Curative Care Contacts		305,311	662,287	860,352	646,072	2,474,022
	Helminthiasis		62,138	92,237	60,400	214,775
	Anaemia		67,519	117,607	84,878	270,004
	Menstruation Problem		53,346	85,778	57,189	196,313
	ENT / EYE		15,788	23,107	16,158	55,053
	Skin Problem		49,765	86,221	64,549	200,535
	Fever		11,063	11,328	58,702	81,093
	Others	288,521	400,913	407,670	294,964	1,103,547
	Referrals	16,790	1,755	36,404	9,232	47,391
E. Lab Test Contacts			1,755	36,404	13,358	51,517
	ANC/Syphilis Screening				2,713	2,713
	Lab Test Only		1,755	36,404	10,645	48,804
	Other Tests for ESP Contacts				8,967	8,967
F. Total Contacts by Services		1,353,260	2,793,252	4,986,001	3,456,773	12,589,286
G. National / Special Events		174,776	1,367,740	2,966,841	2,067,177	6,576,534
NID	Polio	47,570	904,376	1,801,026	1,523,372	4,276,344
	Vit-A	127,206	463,364	1,165,815	543,805	2,300,190

**Attachment O**  
**UFHP -UPHCP Memorandum of Understanding**

## TERMS AND CONDITIONS

### To Operate the PHC Centres by Urban Family Health Partnership (UFHP) Constructed under Urban Primary Health Care Project (UPHCP)

- i. According to the Memorandum of Understanding (MOU) between Urban Primary Health Care Project (UPHCP) and Urban Family Health Partnership (UFHP), signed on 27 Oct. 1999, UFHP will provide PHC services by its selected NGOs through the specific PHC centres which are constructed by UPHCP and handed over to the UFHP temporarily as per the aforesaid MOU.
- ii. UFHP will deliver the PHC services from these centres under its own financing and strategy. However UFHP will provide the coverage report to UPHCP.
- iii. UFHP will be responsible for proper operation & maintenance, cleanliness of the concerned centres and its premises and also bear all applicable utility charges for the centres.
- iv. The PHC centres will only be used to provide Primary Health Care services (ESP) to the City Dwellers. It can not be used for any other purposes without the consent of UPHCP.
- v. Any services, which may agitate the community, will not be provided from these centres.
- vi. After the end of project duration of UPHCP, the centres shall be handed over to the concerned City Corporation Health Dept. by UFHP.
- vii. The ground floor of the centres will be rented out by the UPHCP and UFHP Partners will monitor deposition of rental money in a bank account dedicated to the City Corporation Health Dept. on behalf of UPHCP. In case of non deposition, the Partner will inform UPHCP to take necessary action in this regard.
- viii. Other Terms & Conditions of the MOU signed on 27 Oct. 1999 will be abided by both the parties.
- ix. These Terms and Conditions may be modified / changed upon mutual agreement of both the parties.

In Witness whereof, the parties hereto have caused this Terms and Conditions to be signed in their respective names as of the day and year written below :

  
12/4/2001

Dr. Md. Nurul Islam  
Project Director, UPHCP

Date : \_\_\_\_\_

(Urban Primary Health Care Project)



Dr. Ahmed Al - Kabir  
Chief of Party, UFHP

Date : 16 April 2001

For And On Behalf Of

(Urban Family Health Partnership)