

RSDP ANNUAL REPORT

October 2000-September 2001

RSDP ANNUAL REPORT

October 2000-September 2001

<u>ACKNOWLEDGEMENTS</u>	IV
<u>LIST OF ACRONYMS</u>	V
<u>RSDP AT A GLANCE</u>	VI
<u>EXECUTIVE SUMMARY</u>	1
<u>IR 1: INCREASING TREND IN THE USE OF THE ESSENTIAL SERVICES PACKAGE (ESP) SUSTAINED</u>	1
<u>IR 2: INCREASING KNOWLEDGE AND CHANGING BEHAVIOR OF RSDP CATCHMENT POPULATIONS</u>	2
<u>IR 3: INCREASING QUALITY OF SERVICES</u>	3
<u>IR 4: IMPROVING NGO MANAGEMENT CAPACITY</u>	3
<u>IR 5: CREATING A SUSTAINABLE PROGRAM</u>	4
<u>ISSUES/PROBLEMS</u>	6
<u>I. STRENGTHENING NGO MANAGEMENT DEVELOPMENT AND SUSTAINABILITY</u>	7
<u>A. STRENGTHENING NGO CAPABILITY FOR SERVICE EXPANSION</u>	7
<u>i. In expanding Clinic capacity and increasing customer flow</u>	7
<u>ii. In expanding number of Satellite Clinics and making additional services available</u>	8
<u>iii. In strengthening the RSDP Referral Mechanism</u>	8
<u>iv. In taking new initiatives:</u>	8
<u>v. In expanding Depotholders role:</u>	9
<u>vi. In responsiveness to needs and opportunity</u>	9
<u>B. STRENGTHENING NGO TECHNICAL AND QUALITY IMPROVEMENT</u>	9
<u>i. Clinical Trainings:</u>	9
<u>ii. Quality Assurance</u>	10
<u>iii. COPE</u>	10
<u>iv. ESP Implementation Management</u>	11
<u>v. Peer coaching for staff development</u>	11
<u>vi. Monitoring and Supervision</u>	11
<u>C. DATA BASED PERFORMANCE MANAGEMENT STRENGTHENED IN NGO</u>	12
<u>i. Use of Research Data for Follow-up Action</u>	12
<u>ii. Use of Family Registration and Mapping Data</u>	12
<u>D. ENHANCEMENT OF NGO FINANCIAL AND ADMINISTRATIVE EFFICIENCY</u>	14
<u>i. F&A Capability</u>	14
<u>ii. Technical Assistance and Auditing of NGOs</u>	14
<u>iii. Compliance to Mexico City Policy (MCP)</u>	15
<u>II. PROGRAM OUTPUT: SERVICE DELIVERY INDICATORS</u>	17
<u>A. UNITS OF SERVICES PROVIDED</u>	17
<u>B. NUMBER OF CUSTOMERS SERVED:</u>	17
<u>i. Clinical and non-clinical method mix</u>	18
<u>ii. Use of Child Health Services</u>	19
<u>iii. Use of Maternal and Reproductive Health Services</u>	20
<u>iv. Other Reproductive Health Services</u>	21
<u>III. BEHAVIOR CHANGE COMMUNICATION ACTIVITIES</u>	23

<u>IV. BRAC PROGRESS REPORT</u>	25
<u>V. RECENT STUDIES AND FOLLOW-UP ACTIONS</u>	26
<u>VI. RSDP PRESENTATIONS, PUBLICATIONS, AND GUIDELINES/MANUALS</u>	28
I. <u>GUIDELINES, TOOLS, MANUALS, AND TRAINING CURRICULUM:</u>	28
II. <u>RESEARCH AND EVALUATION PUBLICATIONS</u>	28
III. <u>STAFF PUBLICATIONS AND PRESENTATIONS</u>	29
<u>VII. STRENGTHENING RELATIONSHIP WITH GOB AND OTHER PARTNERS</u>	30
<u>VIII. ADMINISTRATIVE ACTIONS</u>	32
I. <u>TRAINING/CONFERENCES OUTSIDE BANGLADESH</u>	32
II. <u>TRAVEL TO BANGLADESH BY PATHFINDER HEADQUARTERS STAFF</u>	33
III. <u>LOCAL CONSULTANTS AND CONTRACTS</u>	33
IV. <u>MICHIGAN FELLOW</u>	33
V. <u>LOGISTICS MANAGEMENT</u>	34
<u>IX. FINANCIAL REPORT</u>	36
A. <u>PIPELINE ANALYSIS</u>	36
B. <u>NGO EXPENDITURE ANALYSIS</u>	37
<u>APPENDICES</u>	38
<u>APPENDIX A: YEAR-WISE ACHIEVEMENT AGAINST RSDP NIPHP PERFORMANCE</u> <u>INDICATORS</u>	39
<u>APPENDIX B: CLINICAL AND MANAGEMENT TRAINING</u>	41
<u>APPENDIX C: AVERAGE DAILY CUSTOMER CONTACT AT STATIC CLINIC, SATELLITE</u> <u>CLINIC AND DEPOTHOLDER</u>	43
<u>APPENDIX D: NGO LEADERS FIELD VISITS</u>	46
<u>APPENDIX E: SAMPLE OF RSDP UPAZILA MAP</u>	48
<u>APPENDIX F: RSDP CALL TO ACTION</u>	49

ACKNOWLEDGEMENTS

This is RSDP's 4th year Annual Report. The period under report is for October 2000 to September 2001, referred to "this year" throughout the report.

RSDP would like to acknowledge the following organizations and individuals for their role in the progress achieved this reporting period:

- USAID, for their continued financial support of RSDP under NIPHP. Without USAID, the progress achieved this period would not have been possible.
- The Government of Bangladesh, for their support in terms of logistics supply, the approval of clinics, and overall collaborative support for this project.
- The community members and leaders for providing the support for services offered in their communities.
- NGO leadership and their project level staff.
- The house-owners of Satellite Clinics, Depoholders, and volunteers.
- And finally, the hard-working RSDP staff across different levels involved in project implementation.

LIST OF ACRONYMS

AFP	Acute Flaccid Paralysis
ANC & ARI	Antenatal Care & Acute Respiratory Infection
BCC	Behavior Change Communication
BCCP	Bangladesh Center for Communication Programs
BINP	Bangladesh Integrated Nutrition Program
CBPT	Capacity Building Peer Team
CDD	Control of Diarrheal Disease
CM	Community Mobilizer
CSI	Child Survival Intervention
DPT	Diphtheria Pertussis Typhoid
ECP	Emergency Contraceptive Pill
ELCO	Eligible Couple
EPI	Expanded Program on Immunizations
ESP	Essential Services Package
FWV	Family Welfare Visitors
DGFP	Director General, Family Planning
DH	Depotholder
FP	Family Planning
GOB	Government of Bangladesh
IOCH	Immunization and Other Child Health Project
ICDDR,B	International Center for Diarrheal Disease Research, Bangladesh
MNT	Maternal and Neo-natal Tetanus
MO	Monitoring Officer
MOHFW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NID	National Immunization Day
NIPHP	National Integrated Population and Health Program
NSV	Non-Scalpel Vasectomy
OPV	Oral Polio Vaccine
OR	Operations Research
ORP	Operational Research Program
ORS	Oral Rehydration Saline
PNC	Post-natal Care
PO	Program Officer
QIP	Quality Improvement Partnership
RDU	Rational Drug Use
RDF	Revolving Drug Fund
RSDP	Rural Service Delivery Program
SOW	Scope of Work
SMC	Social Marketing Company
TA	Technical Assistance
TO	Technical Officer
TOT	Training of the Trainer
TT	Tetanus Toxoid Injection
UHC	Upazila Health Complex

RSDP at a glance

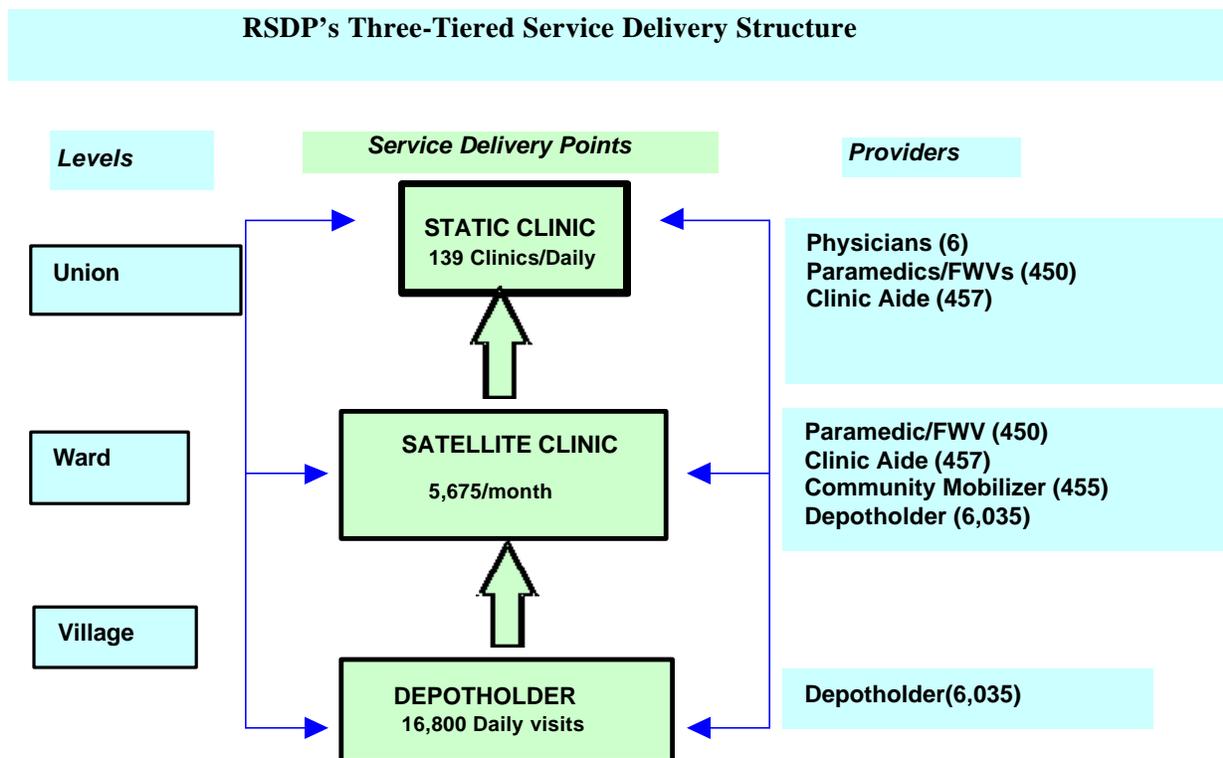
RSDP’s mission is to “increase accessibility and utilization of high-quality, high-impact family health services by rural families in Bangladesh.” RSDP works as a part of USAID’s National Integrated Population and Health Program (NIPHP), and with multiple collaborative agencies, to accomplish this mission.

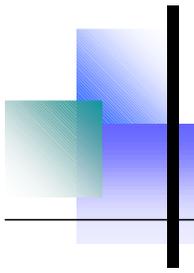
RSDP is a partnership between Pathfinder International and the Bangladesh Center for Communication Programs. Pathfinder manages the overall RSDP and BCCP provides Behavior Change Communication TA and materials.

Through the National Health and Population Sector Strategy, RSDP took on the following challenges:

- Creating proactive service seekers
- Changing provider’s attitudes towards clients and maximizing customer satisfaction
- Creating wide-spread awareness of ESP services
- Enhancing NGO capacity to deliver ESP for sustainable services

RSDP works through a tiered service delivery structure consisting of static clinic, satellite clinics, and a number of Depotholders in specified catchment areas of 139 thanas. RSDP support is provided to these service delivery points from eighteen NGOs, 4 TA units serving the major regions of Bangladesh, and RSDP personnel and partners. Together, this structure ensures the delivery of high quality services to approximately 8 million people in rural Bangladesh, averaging 850,000 service contacts per month.





EXECUTIVE SUMMARY

This was the RSDP year of “Empowering NGOs for Results”. RSDP began this year by refining the definition of its Intermediate Results (IRs) and their measures. The indicator refinements placed a stronger focus on results-oriented, pro-client activities and allowed RSDP to monitor progress more easily and make better-informed decisions. As a result, RSDP has witnessed a synergistic effect of its activities, with increased service delivery for nearly all elements of ESP this period. Highlights for each IR are provided below, with special attention to new components of ESP added during the last twelve months. An overview of progress on RSDP critical indicators is attached in **Appendix A**.

IR 1: Increasing trend in the use of the Essential Services Package (ESP) sustained

Overall, RSDP's trend in increased use of ESP services continued. RSDP served 681,196 customers per month -- 37 percent more than the previous 12 months.

Family Planning

Family Planning service use has increased by 33 percent. NSV was added this year in 18 clinics; more NSV were done than the set goal. Norplant was piloted to learn lesson for its expansion in the next FY workplan, and, encouragingly, 84 women received Norplants in four sessions giving us positive lesson. Expanded availability yielded a 24 percent increase of IUD over the previous year.

Pill use has increased by 26 percent and condom by 32 percent. Of the non-clinical customers, 11 percent were males, users of condom.

In the mix of the family planning methods, an appreciable improvement has begun towards correcting the imbalance between temporary vis-à-vis longer acting methods which is reflected in the 28 percent increase in CYP over past 12 months

Child Health Services

The use of child health services has increased by 53 percent. The number of children who have completed immunization increased from 98,517 to 109,199 – an 11 percent increase over the previous year.

During the 9th NID, first round, 980,000 children were given polio doses, and at second round, 990,000 and 770,000 children were given polio and vitamin A, respectively. An AFP surveillance system has been introduced in all program Upazilas of RSDP with IOCH assistance. The Depotholders are trained to serve as lay informants for AFP surveillance at the community level.

ARI case (no pneumonia, pneumonia and severe pneumonia) management has increased by nearly 1.5 times and CDD (considering no dehydration, at least some dehydration and severe dehydration) case management has increased by 75% over the previous 12 months.

RSDP is planning to launch an ARI pilot test at 3 Upazilas. The pilot test will look at the feasibility of Depotholders giving Co-trimoxazole at the household level.

Maternal Health Services

The use of maternal health services has increased by 58 percent. Implementing a standard for a minimum of three ANC visits per pregnancy was put into effect in RSDP, with promising results. ANC3+ visits per pregnancy have increased 2.5 times compared to the previous twelve months. Over 161,000 TT injections were given to pregnant women -- 18 percent increase over the previous twelve months. Updating of the list of pregnant women through the Family Registration system is contributing to this significant improvement.

Post-natal care visits numbered nearly 51,667 - a 72% increase over the previous period. Both first PNC visits and revisits increased. RSDP clinics are continuing to provide counseling for breastfeeding to postnatal mothers. Distribution of Vitamin A was added this year. Paramedics and Depotholders are distributing Vitamin A to PNC cases. RSDP played a vital role in changing the policy of giving Vitamin A to postnatal mothers from within 14 days to 42 days.

Other Reproductive Health Services

Use of other reproductive health services has increased by 49 percent. RSDP clinics treated approximately 77,928 customers for STDs and RTIs. RSDP efforts to increase male use of STD services has been very encouraging - 103 percent more men came for services this period over the previous 12 months.

Massive World AIDS Day campaign was undertaken in all RSDP Upazilas. A total of 90,000 leaflets focusing on the role of males in preventing HIV/AIDS were distributed during this educational campaign. As an on-going HIV/AIDS awareness campaigns in all RSDP Upazilas, a total of 4,096 meetings were organized at community level and 56,340 participants attended these meetings. In addition, 455 meetings were especially organized for 18,200 adolescent boys and girls to educate/inform them about HIV/AIDS-- what it is, how it is transmitted and how to prevent it.

Two HIV/AIDS high-risk Upazilas – Shibalaya and Goalanda—organize two satellite clinics per month in Aricha Ghat and served 900 truckers, their helpers, and women at risk in the area. Goalanda Upazila also organized one satellite clinic per month at the red-light area to offer RTI/STD services to commercial sex-workers.

Adolescent Reproductive Health Services

Adolescents have been the focus of intensive planning efforts this period. According to strategy, RSDP categorizes adolescent girls (15-19) into two groups – newly married and unmarried. During the last 12 months, RSDP reached 66,186 newly married adolescents. As a following up a successful piloting of TT services to adolescent girls of high schools nearest to the Static Clinics, RSDP expanded this activity and provided 16,505 doses of TT to unmarried girls during this year.

IR 2: Increasing knowledge and changing behavior of RSDP catchment populations

During the year “Green Umbrella” was replaced with “Smiling Sun” to promote NIPHP clinics. BCCP launched the “Smiling Sun” branding campaigns through TV and radio spots, billboards, posters, directional signs and new signboards for RSDP clinics. Thirty billboards for RSDP and 40 for both RSDP & UFHP with smiling sun logo have been placed at different locations. About 700 new directional signs have been placed.

At the community level, 9,877 male meetings and 4,096 HIV/AIDS meetings were organized 137,670 and 56,340 participants, respectively attended these meetings.

National and International Days were observed for mobilizing the community on different aspects of promoting health.

At the RSDP field level, clinic staff and community mobilizers distributed over 8,444,210 brochures and materials to RSDP communities this period on topics such as immunization, AIDS, nutrition, reproductive health, and male involvement.

IR 3: Increasing quality of services

Up from 31%, currently, 54 percent of the 139 upazilas have a full complement of trained paramedics. RSDP experienced high rates of staff turn over – RSDP lost half of its Physicians (51%), one-sixth of its Paramedics (17%) and one-tenth of its Community Mobilizer (10%) during the last 12 months. Despite drain in skills and knowledge, the overall mean score on eight quality indicators has increased from 56 percent in QA2 to 85 percent in QA3.

IR 4: Improving NGO management capacity

Planning skills improved: Following RSDP guideline and assistance, NGOs developed their strategic plan, FY2001 workplan and budget. Targeted to NGO leaders, “Annual Workplan Development” workshop was conducted so that NGO leaders better understand RSDP priority for the year and involve themselves in the annual workplan development and budget preparation process more actively and guide their staff. Workshop contributed to a more precise definition of tasks and better understanding of the reasonableness of costs. Consequently, FY2001 and FY2002 budgets decreased by 8.2% and 3%, respectively. Well organized by cost locations and activity-based budgeting led to a better utilization of obligated funds (p-37) and monitoring of compliance to financial management and as a result, there were hardly any audit issues, except minor ones, found for correction.

Need-based monitoring and supervision enhanced: Targeting monitoring and supervision visits to low performing areas has been the strategy this year. NGOs started visit from the farthest and the lowest performing sites and came closer to the centre; the weaker sites received more visits. The strategy has benefited the program and the customer flow increased. This year, there were only 7 Static Clinics that had less than 20 (15-19 customers per day) in contrast to 49 such clinics in the previous year.

Databased performance management improved: The NGOs reviews their monthly performance in-house. Present their respective quarterly and six monthly performance in the RSDP-wide NGO meetings. In these meetings, the NGO leaders remain present, they compare and contrast their performance with each other and over time and critically analyze to identify what worked, draw lessons from better performers for the lower ones for improvement. These forums provide an environment of competition.

Responsiveness increased: The NGOs have mapped their static and satellite clinic locations and command areas. The NGOs have done family registration to identify target groups, such as women of childbearing age, adolescents – both newly married and unmarried, children U5, men for family planning, ANC and PNC, ARH, STD/RTI services. The NGO leaders and the field managers now better understood that they are accountable for effectively serving the population of the areas defined in the map. Fifty static clinics have been relocated for better utilization of services. 399 additional

Satellite Clinics NGOs organize with existing staff for more equitable and greater coverage of ESP in the command area.

The NGO leaders visited field, more than ever, have appreciation of TA provided. Program interest, as opposed to individual and private interest, seems to be gaining some importance – recruitment of appropriate staff and taking an account of their performance is now better appreciated.

LMIS revised, logistics management improved – even in the background of nation-wide scarcity of Injectable, fifty-two of 139 Upazilas did not experience stock outs on Injectable. The remaining 87 Upazilas did, once or more than once. Stock out for Pills, Condoms and IUDs were far less. NGO collaboration with GOB for contraceptives and MSR has improved.

The revised LMIS since June 2001 allows NGOs to tracking of RDF medicines and Vitamin A at Upazila levels. The tracking system through LMIS, RDF medicine stock position improved remarkably. The number of Upazilas without stock-out (stock out of 22 to 1 item of drug) came down from 85 in July to 36 in September 2001. The NGOs themselves indent and receive supplies from the pharmaceutical companies with whom they have signed MOU.

Similarly, tracking of Vitamin supply from GOB has improved. In June, only 41 Upazilas obtained Vit-A supply; now in September 65 Upazilas are obtaining Vita A supply.

NGO linkage with the private sector is established; nearly one-third (29 %) of pill and 3 % of condom NGOs sold were SMC and private sector products. A system of getting supplies from local SMC outlets has been established.

IR 5: Creating a sustainable program

Impressive results have been achieved towards creating a sustainable program; RSDP NGOs have progressed in the following areas:

Community support:

- ❑ Community support continued - 5,675 families hosted Satellite Clinics supported by community level support groups
- ❑ Community Volunteer Depotholders are widely known; their capability has enhanced; they are community level health resource where neighbors can turn to for information, supplies and referral. They have demonstrated potential to become self-sustained health volunteers – they earn one-third of their income through sale of family planning and health commodities and referral of users to clinics for ESP.
- ❑ Community people almost universally know ESP delivery points and services available there; their health service seeking behavior is emerging - at least 45 percent of the customers are proactive, came to RSDP clinics (this estimate does not include those who come to DH's house to obtain supplies) to obtain services.
- ❑ The community largely accepted fee-based services, and nearly 80 percent of the customers are paying nominal charges for services. There is an emergence of change from free to fee-based services.

- With community donations, NGO efforts to have rent free clinic accommodations are increasing – 38 clinics (out of 139) are housed in NGO-owned buildings and are rent-free. In addition, NGOs have requested approval for building their own clinic facilities for 13 static clinics.

NGO cost consciousness and efficiency

- NGO awareness of service delivery cost and need for efficient use of resources is increasing. The preliminary findings of the study on Cost of Providing ESP Services and Willingness and Ability to Pay for Selected ESP Services in RSDP Areas of Bangladesh were shared with NGO leaders and staff. As a follow-up action, NGO attention was drawn on and guidance provided to efficient use of staff time, resources and not to miss any opportunity to offer/provide additional ESP services to the customers. Consequently, there was eight percent increase in service delivery points without any additional staff, EPI availability extended to 13 percent more satellite clinics, and customer and service ratio has modestly increased through correction of missed opportunity.

Five NGOs and one RSDP staff obtained training on “Sustainability and Alternative Financing for Community Based Reproductive Health” and have made a modest beginning of analyzing the unit cost of services.

The MMKS and Swanirvar Bangladesh shared their training experience with their staff and tried to make them more cost conscious. Both the projects have taken initiative to increase customer flow at static and satellite clinics. They have stressed on addressing “Missed opportunities” issue to increase utilization of services. Their efforts resulted in increased use of services and consequently in reduction of cost per unit of services. In February 2001 cost per unit of services at MMKS clinics was Tk 22; in September it was reduced to Taka 19. At Swanirvar clinics cost per unit of services was Taka 17, which came down to Taka 16 per unit of services provided.

Long term system

- Revolving Drug Fund (RDF): RDF is now fully in place at all RSDP Upazilas and better managed. LMIS allows tracking of stock position. The average monthly sale of medicines is now Taka 4,205 - 33 percent more than the previous twelve months.
- Simple laboratory tests (as part of ANC services) are available in all RSDP Static Clinics, and even at some Satellite Clinics. On average, NGOs earn Tk. 758 per month, per Upazila. The amount of revenues earned is more than 4.8 times higher than that of the previous twelve months.
- NGOs have housed 27 percent (out of 139) of their clinics in their own buildings, and thus they do not charge rent to donor fund.

NGO Revenue generation and cost sharing

- The NGOs generated Tk. 12,221,997, which is equivalent to 7 percent of their operating cost. In addition, community shared cost equivalent to Tk. 6,833,800 this year.

Use of Private Sector Supply – The use of SMC pills and condoms, which are less subsidized than GOB supplies has increased in RSDP areas. Nearly one third (29 percent) of pill and 3 percent condom users have used SMC supplies this year reflecting a good direction of customer moving from GOB to private sector.

Issues/Problems

GOB field Officers do not have clear guidance on GOB policy regarding NGO involvement, consequently NGOs are subject to mixed support based on individual officers attitude. This affects GOB supply and support to the NGOs.

NGOs feel discouraged and constraint in referring customers as the referral points are not correspondingly receptive to those who are referred.

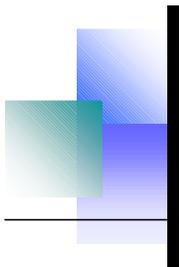
GOB policy on NGO linkage with Community Clinic and on continuation/ discontinuation of satellite clinics needed and disseminated to the field.

NGOs, at the local level have not become part of the mainstream program; they tend to remain marginal in logistics supplies, other support and performance accounting.

NGOs experience high turn over of staff. High turn over of staff, in particular physicians and paramedics, affects service delivery, quality of services, credibility of NGOs and frustrates the service seekers.

In rural areas, NGOs experience difficulty in getting appropriate physical facilities at visible location for setting up clinic that meet standards.

NGO response to efforts towards establishing good governance is very slow; requirement of the compliance to regulations, terms and conditions relating to grants management tend to be considered as imposition.



I. STRENGTHENING NGO MANAGEMENT DEVELOPMENT AND SUSTAINABILITY

In this year, RSDP has devoted a vast amount of effort to building the capacity of NGO leaders and clinic-personnel through technical skill workshops, program planning activities, increased involvement of NGOs in program monitoring, analysis, supervision, and skill-building in finance and administration. Many of these capacity-building activities are crosscutting, aiming to developing a comprehensive view of program management and implementation that will require minimum support from RSDP in the future.

The major highlights of RSDP capacity building this year are featured below.

A. STRENGTHENING NGO CAPABILITY FOR SERVICE EXPANSION

Despite the loss of BRAC clinics, RSDP continued to provide assistance to the NGOs to develop their capacity to deliver ESP services through improvements in infrastructure, ensuring uninterrupted and, in many ways, expanded service delivery at the remaining 139 RSDP clinics. Specifically NGO capacity strengthened:

i. In expanding Clinic capacity and increasing customer flow

In this period, the NGO capability for offering additional components of ESP was enhanced. As planned in the FY2001 workplan, the availability of NSV increased. Including BRAC's 10 sites, RSDP planned to add NSV at 20 clinics; even without BRAC, 8 RSDP NGOs acquired the capability of offering NSV services available at 14 clinics. Now 18 clinics offer NSV (**Table 1**). RSDP has already identified additional five sites and training plan is underway.

To complete ANC services to pregnant women, simple lab testing is available at 136 sites, up from 102 sites last year

Though not in the current year workplan, RSDP piloted Norplant services at two sites to learn how to manage Norplant services. In these two pilot sites, GOB physicians completed 84 Norplants in four sessions, while RSDP physicians observed the procedure. With support from GOB, RSDP trained a pair of six physicians and paramedics – one pair each from six sites. Local level coordination with GOB was established, facilities were upgraded, field level staff were oriented, and Depotholders and Community Mobilizers were provided with a checklist for identifying potential Norplant customers; thus the sites were readied for offering services.

NGOs have also succeeded in expanding EPI availability in all 139 static clinics. The frequency of availability has increased - 84 clinics offer EPI ranging from once a week to every working day of the week.

NGO	Site	NSV Performed
BAMANEH	Shibganj	55
	Gabtoli	15
	Sonatola	17
	Nowabgonj	3
JTS	Shibalaya	18
	Sreepur	11
	Jibonnagar	22
MMKS	Damuddya	6
	Rajoir	9
PSF	Mithapukur	10
	Sujanagar	4
PSKS	Gangni	2
SGS	Muksudpur	1
Swanirvar	Katiadi	38
	Ghatail	83
	Kuliarchar	26
	Gopalpur	35
VPKA	Goalanda	5
	Total	360

RSDP provided intensive TA to low performing static clinics and the results achieved are impressive. As of September 2001, there were only 7 Static clinics that had less than 20 customers, in contrast of 49 such Static clinics in the previous year.

ii. In expanding number of Satellite Clinics and making additional services available

The number of Satellite Clinics for delivery of ESP services has increased from 5,276 to 5,675 – an increase of eight percent in service delivery points without any additional staff.

Twenty-two Satellite Clinics have been upgraded with equipment and required furniture to make IUD accessible to more rural women. Now, 275 Satellite Clinics offer IUDs. Most of the gains in IUD acceptance this year is because of its increased accessibility through upscaled Satellite Clinics. In addition to their own performance, NGOs have referred 536 customers who obtained IUDs from non-RSDP sources.

EPI was added to 397 additional satellite clinics. In the previous year, EPI was available in 3,074 satellite clinics – a 13 percent increase, which reflects more efficient use of staff time.

iii. In strengthening the RSDP Referral Mechanism

RSDP's referral mechanism has benefited from the introduction and formalization of an external referral form used by static clinic staff. This form was pilot tested last year and modified and implemented this year. The simple form provides customers with a summary of the reason for their referral, the type of service needed, and the location of the nearest referral site. Now, all 139 Upazila and their clinics are referring customers for services that are not available in the clinics, and for services which have been provided, but need further management for side effects and complications. A few Upazilas refer NSV, Norplant and tubectomy clients to their UHC since these services are provided by the GOB. The static and satellite clinics refer customers to the district hospital, MCWC, or private clinic/hospital for safe delivery, child health complications, and pregnancy complications. Through the use of the referral form, customers are well informed about where to go and what services they will get at the referred center, resulting in more effective care.

Improvement in the referral mechanism corresponds with a rise in referral cases. RSDP referred a total of 4,322 customers– 1,086 for injectables, 536 for IUDs, 1,491 for Norplant and 1,210 for sterilization to the nearby government or NGO facilities (“external referral” sites). The referrals for VSC increased from 548 to 1,210. Referral for Norplant has increased as well, from 864 to 1,491 customers. The total number of referrals is 108 percent higher than the number of referrals over the previous 12 months. High numbers of referral for Norplant and sterilization reinforces the need to plan for the upgrading of RSDP clinics to offer these services.

iv. In taking new initiatives:

- ***Emergency Contraceptive Pill (ECP)***

RSDP piloted ECP in two Upazilas in collaboration with Population Council. Based on positive results of the pilot, RSDP plans to implement the program in all of its Upazilas in the future.

- ***Community-based ARI Program***

To strengthen ARI and to expand its coverage, a team of USAID, RSDP, and NGO staff visited Nepal to learn lessons from Nepal's successful community-based ARI program. Upon return, RSDP designed a

pilot test of a community-based ARI program at three RSDP sites. Planned activities for launching the ARI pilot test (baseline survey, adaptation of materials to be used for training and management of ARI treatment, TOT and training of Depotholders) are progressing steadily. Depotholders in these Upazilas will treat pneumonia and refer severe cases. Results from this pilot test will guide future expansion of the program.

Pathfinder assisted the NGOs in completing ARI baseline through RAPID assessment tool in all three Upazilas. The data has been analyzed and report prepared for subsequent use to compare progress.

v. In expanding Depotholders role:

Over 5,997 Depotholders (DHs) work at the village level to promote ESP through the provision of non-clinical contraceptives and other health products. In addition, DHs provide information to villagers about where they can go for more advanced care such as clinical contraceptives, immunizations, ARI for children, pregnancy care, or other illness. Since program inception, the DH's role has been expanded to include referral for ANC, ARI, EPI. This year DH's role was further refined to include updating list for pregnant women, under 5 children and newlyweds. DHs were oriented to become lay informer for Acute Flaccid Paralysis (AFP) surveillance as a part of the effort to eradicate Polio.

vi. In responsiveness to needs and opportunity

The NGOs have mapped their static and satellite clinic locations and command areas. The NGOs have done family registration to identify target groups, such as women of childbearing age, adolescents – both newly married and unmarried, children U5, men for family planning, ANC and PNC, ARH, STD/RTI services. The NGO leaders and the field managers now better understood that they have to be responsible and accountable for effectively serving the population of the areas defined in the map. From that understanding, NGOs have relocated fifty static clinics for better positioning of the clinics and for greater utilization of services. NGOs have added 397 Satellite Clinics without any additional staff for more equitable and greater coverage of ESP in the command

B. STRENGTHENING NGO TECHNICAL AND QUALITY IMPROVEMENT

In the past year, RSDP provided/distributed many guidelines and manuals and provided training in important aspects of NGO ESP delivery. A complete list of trainings provided, materials and guidelines developed this year can be found in **Appendix B and Section VI respectively.**

i. Clinical Trainings:

Overall, 657 staffs were trained in different areas of ESP. Most of the training was ongoing training on Family Planning, Maternal and Child Health. New skills provided to the staff were on infection prevention and counseling for 252 clinic aides and Norplant to physicians.

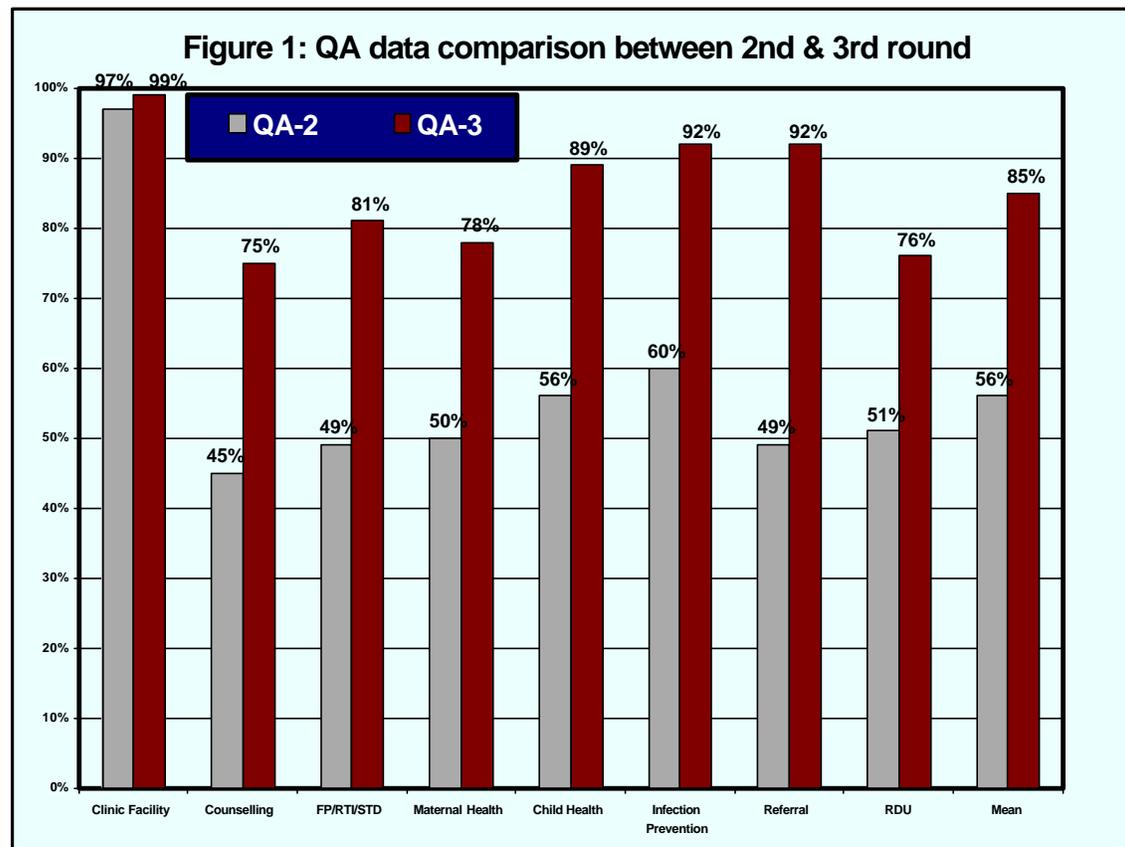
Currently, 54 percent of the 139 upazilas have a full complement of trained staff as per the USAID requirement, up from 31% last period. Last year, training and personnel information was added to the MIS to track the turnover and training status of staff at RSDP clinics. This MIS provides a means for RSDP to assess the need for training updates, particularly in areas where turnover and the resulting drain in skills and knowledge is high. The highest turnover rate for RSDP this period is with Physicians (51%), followed by Paramedics (17%) and Community Mobilizer (10%).

Detail RSDP training in clinical service delivery of ESP is provided in **Appendix B.**

ii. Quality Assurance

As in past years, RSDP continued the collection of data and information on specific quality indicators at each clinic. As per the workplan, the second round of QA visits were completed in all the 175 RSDP supported NGO clinics by March 25, 2001. Analysis of data has shown an improvement in the quality of services over Round 1 data. Results have been disseminated in an "RSDP Call To Action" newsletter and through discussion at performance review meetings (see **Appendix-F**).

A collaborative effort with QIP, QAP/USAID consultants, UFHP and RSDP was undertaken this period to develop a quality evaluation tool to be commonly used by UFHP and RSDP, named QA3. The new tool consists of an observation checklist, knowledge quiz, case studies and record review. The visit was piloted by QIP-RSDP in three Upazila clinics in April 2001. By the end of September 59 sites were visited of this 3 were pilot sites and 39 were jointly visited by QIP and RSDP. The remaining 17 sites were visited by RSDP and NGO.



The average score of the Upazila is around 85% (**Figure 1**) in which the clinic facility is the highest among eight composite indicators. Immediately after the QA3 visit, the NGO monitoring officer and the Upazila clinic personnel jointly develop an action plan to address the weak areas identified during the visit. These areas are further followed up by the NGO monitoring officer and RSDP separately.

Also under development this year was a tool called Quality Monitoring and Supervision (QMS). The NGOs will use this comprehensive QMS tool independently by themselves for conducting quality assurance visits, have tools and systems to store and analyze this data, and the skills to associate findings with other aspects of program performance. This system will be piloted and revised in the coming year.

iii. COPE

RSDP has shifted the COPE responsibilities progressively toward the NGO level with each passing year of the project. This process reflects the larger RSDP philosophy of transferring skills and knowledge across organizations to foster sustainability. The NGOs are now conducting follow-up COPE exercises by themselves in all their clinics in 3-4 month intervals.

iv. ESP Implementation Management

A special training for all NGO supervisory and management staff this year was on Quality Management and Supervision. This training has tremendously contributed in increasing their efficiency to manage ESP implementation. Through this training NGO management staff with a social science background could enhance their capabilities to manage the primary health care program in general and supervise the ESP service providers in particular.

As a result of a refresher orientation for the Revolving Drug Fund (RDF), RDF is now better functioning. To strengthen the RDU management, RSDP oriented NGO Doctors on MTP module 4A.

v. Peer coaching for staff development

The peer coaching approach was initiated to improve program efficiency and strengthen NGO service delivery management capacity. The objectives of the approach are to establish an Upazila level NGO network and support group that shares information and skills and provides a motivation for performance competition. To date, through peer coaching approach Family Registration orientation, Infection Prevention and Counseling Training for the Clinic Aide have been completed.

The process for Quality Assurance visits to be conducted by NGOs along with RSDP, development of compliance action plan (CAP) for all QA3 visits and follow-up was the most recent application of peer coaching approach by NGO to NGO.

vi. Monitoring and Supervision

RSDP increased the level of responsibility given to NGOs for supervision this year through a number of measures.

RSDP developed a routine monitoring and supervision system that spreads responsibility for performance review across all levels of program implementation. In past years, RSDP has undertaken a process to gradually move the majority of the routine supervision and monitoring responsibilities from the Dhaka RSDP office, through the TA Units and NGOs, into the hands of the individual service delivery sites at the upazila level. Today, monitoring activities are conducted more by the NGOs than ever before, with technical assistance provided by RSDP and the TA Unit as needed.

Monitoring and supervision activities are conducted on a regular basis by field staff, with extra emphasis placed on follow-up visits to sites with special needs. Monitoring visits are planned based on the need – the lower performing upazilas get the highest priority in receiving monitoring visits, and more frequently than the higher performing upazilas. This system helps to assure that concerns are identified and addressed over time. For targeted TA and monitoring, especially for the low performing sites, RSDP regularly analyses the number of customers served at static and satellite clinics and by Depotholders in each upazila In **Appendix C**, we have presented “Average Daily Customer Contact at Static Clinic by Upazila”. Monitoring visits in general cover issues such as quality, MIS, finance and administration, and other areas in need of assistance.

In the current reporting period, RSDP Headquarters and TA Unit staff made 752 monitoring and supervision visits. TA units were given a newly developed “Comprehensive Monitoring and Supervision Checklist” to facilitate thorough supervisory visits. In addition, the NGO Coordinating Office is required to visit at least one static clinic and two satellite clinics per month, and the Field Manager is required to visit between 8 to 12 satellite clinics per month, depending on the size of the Upazila. This guideline has resulted in 2,641 supervisory visits (**Table 2**) in the past year by NGO supervisors.

	Number of Visits
RSDP Headquarters Staff	147
TA Units	605
NGO Staff	2,641

Additionally, NGOs were given guidelines for conducting monthly meetings, with the intent of improving the extent of supervision provided at these meetings, and increasing the impact of this supervision over time.

RSDP Chief of Party and NGO Chairpersons jointly undertook field trips in an effort to encourage NGO leaders to oversee adequacy/inadequacy of field supervision and monitoring by their supervisory staff. The Chief of Party accompanied BAMANEH, JTS, PSF, and Swanirvar leaders to ten different sites to gain first hand experience on how the NGO staff work at the field, the extent of supervision received from their NGO headquarters, quality of their visits, and what are the issues need to be addressed (**Appendix D**) for details. Based on the positive experience, the NGO leaders have proposed field trips to their field sites in the current workplan



Dr. A. I. Begum & Dr. M. Alauddin holding Rokeya and discussing father's role in promoting breastfeeding

C. DATA BASED PERFORMANCE MANAGEMENT STRENGTHENED IN NGO

i. Use of Research Data for Follow-up Action

Research studies have provided valuable information about how RSDP clinics can run more efficiently and effectively—and as a result, sustainability. The preliminary findings of the study on Cost of Providing ESP Services and Willingness and Ability to Pay for Selected ESP Services in RSDP Areas of Bangladesh were disseminated in February 2001 and highlighted in an issue of “RSDP Call to Action.” Follow-up actions were taken to improve use of staff time, resources and correction of missed opportunity. There was an 8% increase in service delivery points without any additional staff, EPI availability extended to 13 percent more satellite clinics, and customer and service ratio follow-up action, increased from 1:1.14 to 1:1.16 – a 2 percent increase through correction of missed opportunity over last 12 months.

ii. Use of Family Registration and Mapping Data

NGOs used Family Registration (FR) data to increase ANC, PNC and routine child immunization coverage in the RSDP areas. RSDP assisted the NGOs to map their clinic locations and catchment areas. The NGOs gained clearer picture of their working areas through mapping and the field managers better understood that they are accountable for effectively serving the population of the areas defined in the map (**Appendix E**).

iii. Review and Analyzing of MIS and LMIS

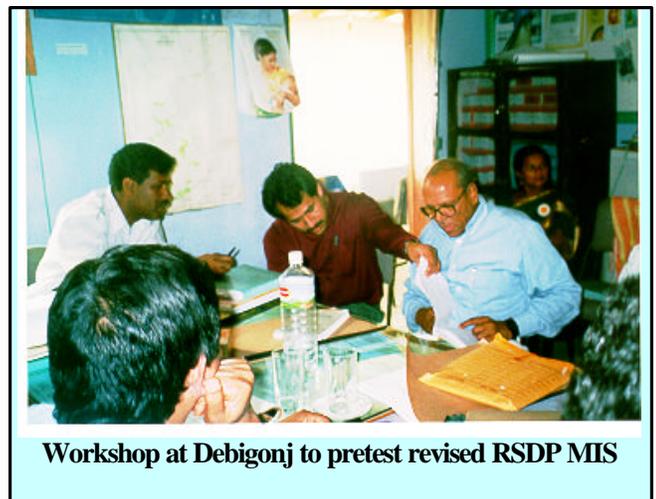
RSDP instituted a program performance review system at the NGO level. NGO performances are reviewed monthly, quarterly and semi-annually. Monthly and quarterly meetings are held at the NGO coordinating office. The NGO leaders attend monthly meetings to keep themselves updated on the program performance, issues, and problems and give their guidance. Performances are compared across thanas and overtime. RSDP provide TA on presentation of output data and remain present for on-site TA.

Semi-annual performance review meetings (SPRM) are held on regional basis; TA Units mostly host these meetings. In these meetings, performance outputs are compared across NGOs and within NGOs by Upazila. Field Managers share their approaches for improving clinic performance with each other. The review meetings facilitate interaction among NGOs and transfer of successful lessons and experience from high to low performing Upazilas. The NGO leaders attend these meetings to gain a better understanding of how their respective NGO is doing compared to others. RSDP Technical Officers provide assistance to NGOs in developing action plans for further improvement in performance.



NGO contact person attended SPRM

The performance data for critical analysis in the review process comes from RSDP MIS. The MIS itself has been improved this year. RSDP worked with USAID to revise the MIS in accordance with the revised indicators of ESP for standardized reporting on NIPHP. Began with a Pathfinder-USAID-Swanirvar joint workshop on-site at Debiganj to pre-test the forms and formats with the field level staff, provided training to the NGO staff and took the revised MIS to the field in June. RSDP monthly performance report was prepared for June 2001 using revised MIS data. An expanded MIS capability is in place. The MIS allows, besides services and training outputs, analysis of stock situation of contraceptives and RDF medicines.



Workshop at Debiganj to pretest revised RSDP MIS

The NGOs are now capable to analyze contraceptive/logistic supply situation and coordinate efficiently with local GOB officials, SMC and pharmaceutical companies for obtaining their required supplies. Pathfinder maintains LMIS to track contraceptive stock situation.

Based on LMIS, Pathfinder brings out monthly analysis on contraceptive stock status and share them with Director (Logistics and supplies), Directorate of Family Planning (DFP), DELIVER, and USAID. Pathfinder analyzed of stock situation in RSDP clinics for the last 11 months., from October 2000 to August 2001. In background of nation-wide scarcity of Injectable during FY 2001, fifty-two of 139 Upazilas had never experienced Injectable stock out. The remaining 87 Upazilas did, once or more than once. But 68 Upazilas experienced severe stock out -- two to four times during October 2000 to August 2001.

NGOs experienced far less stock out for Pills, Condoms and IUDs. Eight Upazilas experienced stock-out for Pills, 16 for condom, and 29 for IUD only once.

An orientation for LMIS has contributed to greater ability to use this system for observing trends in stock situation. In June 2001, eighty-five of 139 Upazilas had experienced a number of RDF medicine stock-outs (ranging from 22 to 1 drug stock-out). Upon RSDP intervention and provided assistance for improving stock position at NGOs/Upazila levels, RDF medicine stock position has significantly improved. The stock-out situation has come down to 63 Upazilas in July, 49 Upazilas in August and 36 Upazilas in September 2001.

D. ENHANCEMENT OF NGO FINANCIAL AND ADMINISTRATIVE EFFICIENCY

Efficient use of funds and other resources is one of the key management functions of the NGOs. A goal of RSDP is to build the capacity of NGOs to conduct financial and administrative functions as a means to ensure compliance to regulations, cost efficiency and contribution to long-term sustainability of the NGO.

i. F&A Capability

Training of RSDP NGOs in financial management is an essential component of the increases seen in cost recovery. A number of significant financial training events in the past year are provided below.

Pathfinder-provided guidelines and training on work planning and budgeting in the past two years have resulted in a decrease in the FY 2001 budget by 8.2 % and 3% decrease in the FY 2002 budget.

Pathfinder F&A staff provided training to NGO Project Managers, Accounts Officers, Central Office staff, RSDP Upazila Managers and Office Assistants on financial management, administration and implementation of their own budget. Financial record keeping, disbursement of salaries and benefits to staff, stock registers, payment of bills, and records of revenue generation formats were supplied to the NGOs to maintain uniformity and in accordance with USAID policy. Basic and refresher training on accounting and book keeping helped to significantly reduce audit questions and improve financial management capabilities of the NGOs. The NGOs are able to run their program in accordance with the terms and conditions as per USAID Standard Provisions.

ii. Technical Assistance and Auditing of NGOs

Pathfinder paid special attention to increase financial management capabilities of the NGO staff to implement the program. Pathfinder's professional staff who is dedicated in assisting the NGOs to improve their grant management skills. Pathfinder developed a Financial and Administrative Manual so that the NGOs get guidance for their day to day administrative and financial operations. With TA from F&A, the NGOs reviewed the RSDP-provided F&A Manual. The TA units monitored the use of Finance and Administrative Manual (F&A Manual). As per the TOs' monitoring visit reports, the majority of the NGOs are following the F&A Manual for guidance in their day-to-day administrative and financial operations.

Pathfinder has monitored the implementation of F&A activities through auditing, visits for compliance to manuals and corrective action plans, and the verification of fixed assets. Pathfinder has conducted RC audit for BRAC, BCCP, Swanirvar Bangladesh, JTS and PSF. Pathfinder has received the final report on Swanirvar Bangladesh, PSF and JTS. The auditors gave their opinion that the costs incurred by sub-grantees were in conformity with generally accepted accounting principles and that there were no questionable costs.

The audit firms submitted draft audit reports on BRAC for three and half years and on BCCP for two years. The audit findings are under review for further action.

During this year the Pathfinder F&A section physically verified the existence of fixed assets procured from RSDP funds by NGOs in the last 3 years. The F&A staff visited NGO offices and found physical assets in agreement with the NGO record. Other assistance has also been provided on how to keep revenue generation MIS, analyze revenue generation and cost recovery activities.

iii. Compliance to Mexico City Policy (MCP)



Workshop on Mexico City Policy

In order to ensure compliance to MCP, Pathfinder International, Dhaka organized a meeting with the NGO leaders on July 30, 2001 to brief them on Mexico City Policy clauses (see box). The meeting was organized to build understanding among all the participating NGO leaders and managers about the implications of the MCP clauses on their

Mexico City Policy:

On March 28, 2001, U.S. President Bush issued a memorandum directing USAID to reinstate the requirements of the Mexico City Policy, first instated in 1984 under Reagan, and rescinded in 1993 under Clinton.

The Mexico City Policy requires that NGOs receiving US funds **must agree not to perform or actively promote abortion or menstrual regulation as a method of family planning either with USAID funds or with their own or other donor funds.**

day to day activities.

Program Sustainability: Impressive results have been achieved towards creating a sustainable program; RSDP NGOs have progressed in the following areas:

Community support:

- ❑ Community support continued - 5,675 families hosted Satellite Clinics supported by community level support groups
- ❑ Community Volunteer Depotholders are widely known; their capability has enhanced; they are community level health resource where neighbors can turn to for information, supplies and referral. They have demonstrated potential to become self-sustained health volunteers – they earn one-third of their income through sale of family planning and health commodities and referral of users to clinics for ESP.
- ❑ Community people almost universally know ESP delivery points and services available there; their health service seeking behavior is emerging - at least 45 percent of the customers are proactive, came to RSDP clinics (this estimate does not include those who come to DH's house to obtain supplies) to obtain services.
- ❑ The community largely accepted fee-based services, and nearly 80 percent of the customers are paying nominal charges for services. There is an emergence of change from free to fee-based services.
- ❑ With community donations, NGO efforts to have rent-free clinic accommodations are increasing – 38 clinics (out of 139) are housed in NGO-owned buildings and are rent-free. In addition, NGOs have requested approval for building their own clinic facilities for 13 static clinics.

NGO cost consciousness and efficiency

- NGO awareness of service delivery cost and need for efficient use of resources is increasing. The preliminary findings of the study on Cost of Providing ESP Services and Willingness and Ability to Pay for Selected ESP Services in RSDP Areas of Bangladesh were shared with NGO leaders and staff. As a follow-up action, NGO attention was drawn on and guidance provided to efficient use of staff time, resources and not to miss any opportunity to offer/provide additional ESP services to the customers. Consequently, there was eight percent increase in service delivery points without any additional staff, EPI availability extended to 13 percent more satellite clinics, and customer and service ratio has modestly increased through correction of missed opportunity.

Five NGOs and one RSDP staff obtained training on “Sustainability and Alternative Financing for Community Based Reproductive Health” and have made a modest beginning of analyzing the unit cost of services.

The MMKS and Swanirvar Bangladesh shared their training experience with their staff and tried to make them more cost conscious. Both the projects have taken initiative to increase customer flow at static and satellite clinics. They have stressed on addressing “Missed opportunities” issue to increase utilization of services. Their efforts resulted in increased use of services and consequently in reduction of cost per unit of services. In February 2001 cost per unit of services at MMKS clinics was Tk 22; in September it was reduced to Taka 19. At Swanirvar clinics cost per unit of services was Taka 17, which came down to Taka 16 per unit of services provided.

Long-term system

- Revolving Drug Fund (RDF): RDF is now fully in place at all RSDP Upazilas and better managed. LMIS allows tracking of stock position. The average monthly sale of medicines is now Taka 4,205 - 33 percent more than the previous twelve months.
- Simple laboratory tests (as part of ANC services) are available in all RSDP Static Clinics, and even at some Satellite Clinics. On average, NGOs earn Tk. 758 per month, per Upazila. The amount of revenues earned is more than 4.8 times higher than that of the previous twelve months.
- NGOs have housed 27 percent (38 out of 139) of their clinics in their own buildings, and thus they do not charge rent to donor fund.

NGO Revenue generation and cost sharing

- The NGOs generated Tk. 12,221,997, which is 39 percent higher than last year. In addition, community shared cost equivalent to Tk. 6,833,800 this year.

Use of Private Sector Supply – The use of SMC pills and condoms, which are less subsidized than GOB supplies has increased in RSDP areas. Nearly one third (29 percent) of pill and 3 percent condom users have used SMC supplies this year reflecting a good direction of customer moving from GOB to private sector.

II. PROGRAM OUTPUT: Service Delivery Indicators

RSDP carefully tracks service delivery indicators with the vital support of NGOs. This effort allows RSDP to track its progress over time, and to assess the strengths and weaknesses of the program for informed decision-making. As the trends in the following pages illustrate, RSDP has made great strides this year in growing both the customers served and the number of services provided.

Year-wise achievement against RSDP NIPHP performance indicators is attached in **Appendix A**. The output indicators relate to 139 RSDP Upazila, and the time reference is from October 2000 to September 2001.

A. Units of Services Provided

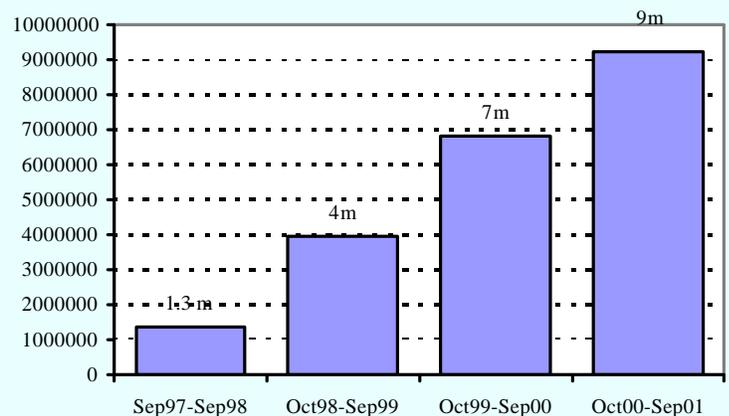
RSDP reached 1.6 million eligible couples (ELCOs) with services in the past year, slightly increasing from the previous year. The Family Registration survey verified that RSDP catchment areas reach at least this number of ELCOs.

As **Figure 2** illustrates, RSDP maintained a steady trend of increasing the units of services provided since program inception. The unit of services provided has increased 7 times since the inception of the program. The service delivery points provided 768,787 units of services per month. In the past year alone, the unit of services grew by 36 percent over the previous year. This encouraging trend reaffirms recent study findings that the RSDP service delivery structure is working.

B. Number of Customers Served:

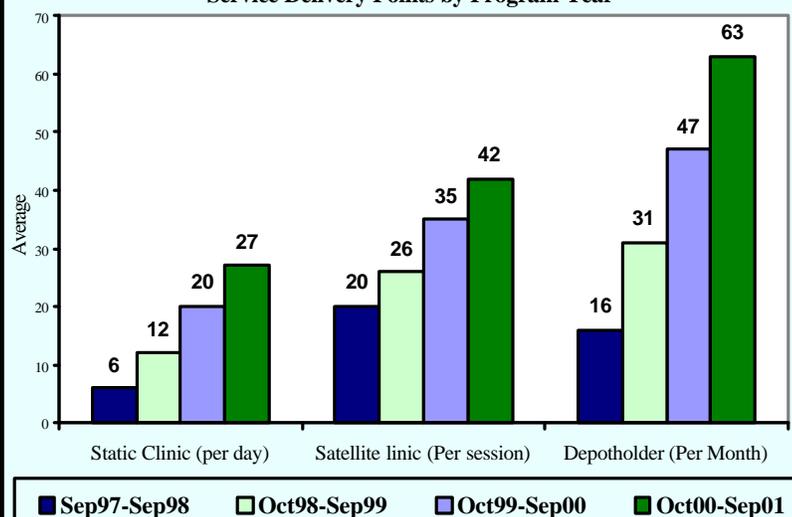
The number of customers served at all service delivery points have also followed an upward trend since program inception. The average number of customers served per month at all service delivery points has increased from 495,777 to 681,196 - 37 % over the previous year. Static clinics attendance has increased by 35 percent. Satellite clinic and Depotholder customers increased by 20 % and 34 %, respectively. **Figure 3** illustrates these findings.

Figure 2: Trend in Utilization of ESP Services in RSDP by Program Year



Note: In this graph counseling and referrals are not included as services

Figure 3: Trend in Average Customers Attended at different Service Delivery Points by Program Year



C. Components of ESP Utilized

Figure 4 provides a detailed picture of the overall use of ESP in RSDP, by service type. Family planning accounts for 49 percent of services provided.

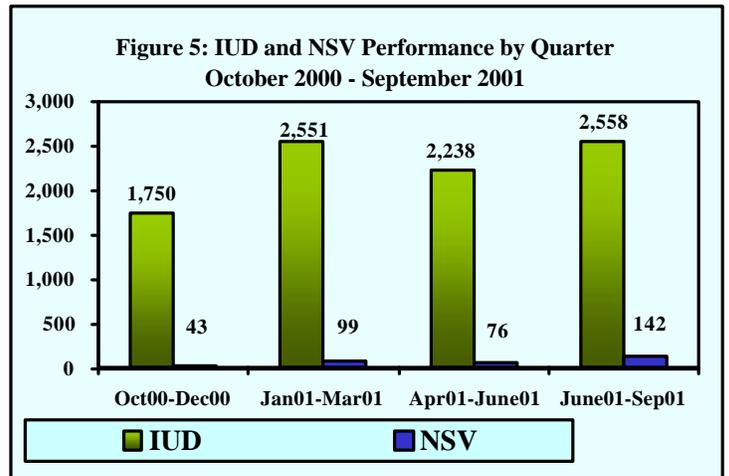
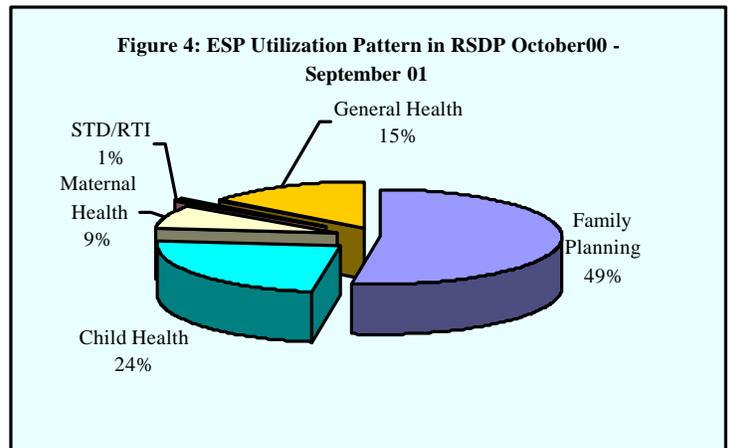
i. Clinical and non-clinical method mix

Clinical Methods:

RSDP estimated that 42 percent of the family planning customers were clinical method users and the remaining 58 percent, were non-clinical method users.

As planned, RSDP has introduced NSV at 18 sites (even without BRAC) and has done 360 NSVs against a goal of 250. The total number of IUD acceptance has increased from 7,358 to 9,097 - increased by 24 % (**Figure 5**), and Injectables from 566,824 to 710,044 - increased by 27 %.

RSDP during the year has been successful in contributing to correct the imbalance between temporary vis-à-vis longer acting methods. Overall, the improved performance in longer acting methods is reflected in a 28 % increase in CYP over the past 12 months.

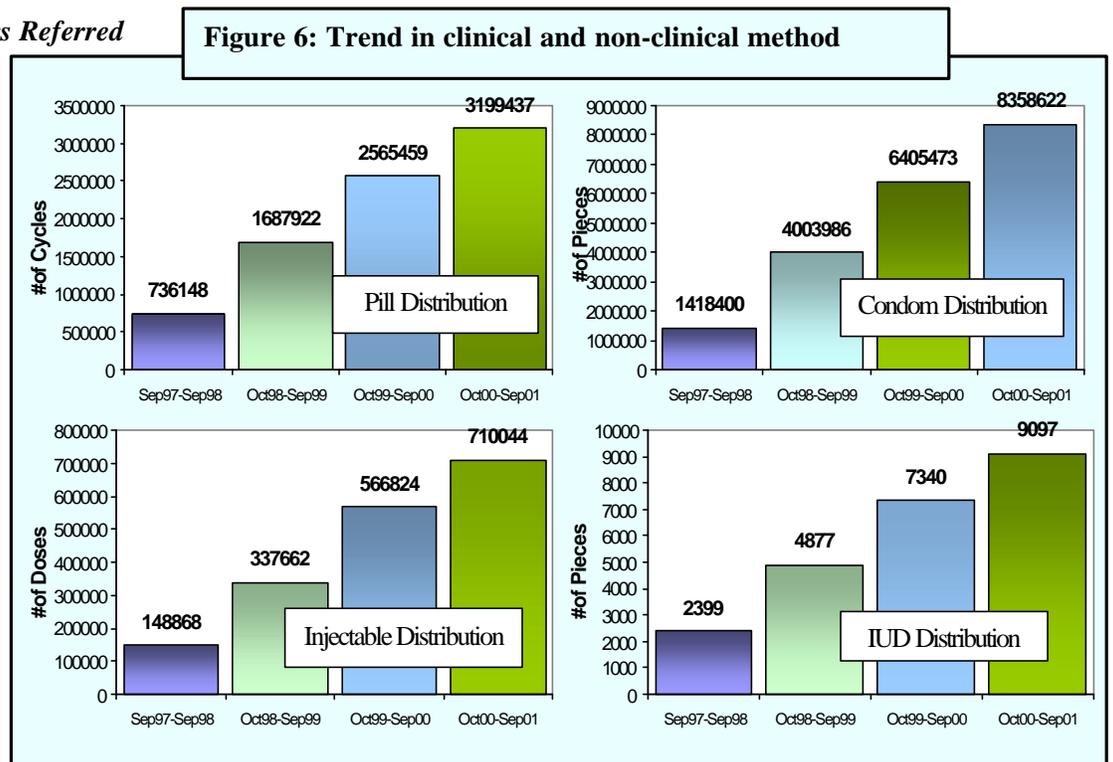


Clinical Method Users Referred

Improvement in the referral mechanism corresponds with a rise in referral cases. The total number of RSDP referrals to the nearby government or NGO facilities increased from 6,126 to 18,270 customers including Norplant and VSC.

Non-clinical Methods

Figure 6 shows pill and condom sale/distribution trends in RSDP.



The RSDP achieved increases of 26 % for pill and 32 % for condom over the previous program year. Of the non-clinical customers, 11 % were males, users of condom, remaining consistent from the previous program year.

Side-Effect Management

Nearly 96,004 customers sought services for contraceptive side effects - 54 % were for pill use, 43 % for injectables, and the remaining 3 percent were for IUD use. Yearly side-effect management has increased by 2.7 times from the previous reporting year for all sites, reflecting more attention and care given to the customer, and reporting requirement for side-effect.

ii. Use of Child Health Services

Routine EPI Services

RSDP emphasizes on routine EPI. The number of children who completed immunization increased from 98,517 to 109,199 – an 11 % increase over the previous year.

National Immunization Days

The RSDP NGO performance through observance of NID has increased every year. During the 9th NID, first round, 0.98 million children were given polio doses, and at second round, 0.99 million and 0.77 million children were given polio and vitamin A respectively. RSDP found 90-95 % immunization coverage rates of all children less than five years old during National Immunization Days.

The following **Table 3** presents the percentage increase in coverage from the RSDP service delivery centers. RSDP was also involved in the house-to-house search for non-immunized children after the NIDs for the first time this year.

Table 3: Number of Children Immunized During 8th and 9th NID

		8th NID	9th NID	% Increase
# of children were given polio doses	1st round	918,416	978,743	7
	2nd round	943,127	988,160	5
# of children were given Vitamin A	1st round	732,550		
	2nd round		770,596	

RSDP collaborated with GoB in MNT campaign (August 26 to September 4, 2001) and assisted 13 NGOs to work in 69 selected RSDP unions of 39 Upazilas. Ninety-seven percent of the children aged between 9-35 months were found immunized for Measles and 94 % of women of reproductive age group for TT injection.

Vitamin A Dose and Nutrition

Outside of NID campaigns, RSDP gave Vitamin A to additional 44,841 children through regular service delivery networks.

CDD & ARI

During the last 12 months CDD and ARI customer contacts were 840,952 and 461,86, an increase of 51% and 35 %, respectively. RSDP areas have an estimated 1,070,550 children under 5 years of age.¹ Of those who received CDD services, 62 % had diarrhea without dehydration and the remaining 17 % of children had diarrhea with at least some dehydration. During last 4 months, June-September 2001, RSDP referred 1,058 children for severe dehydration treatment to nearest facilities.

Of the children under five, 46,186 received treatment for ARI (pneumonia only). 1,607 Children has been referred to the nearest facilities during last 4 months, June-September 2001.

iii. Use of Maternal and Reproductive Health Services

Ante-natal Care and TT Injections

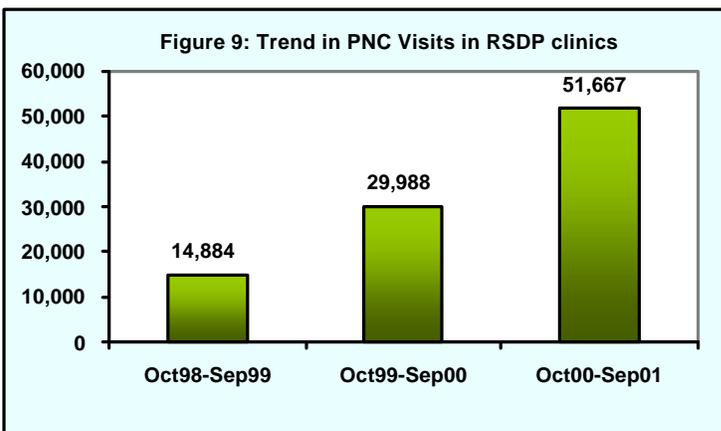
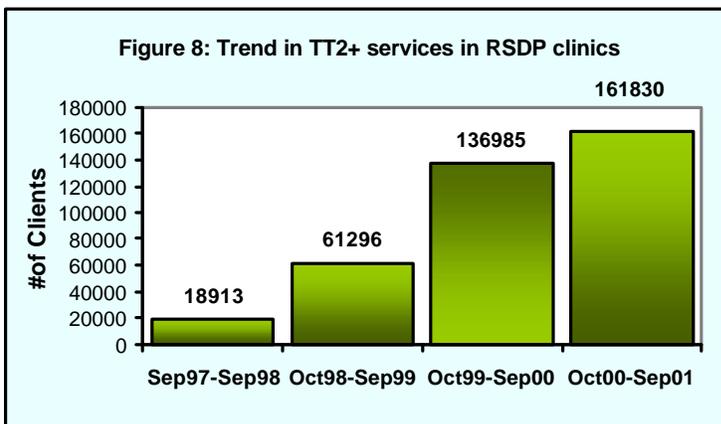
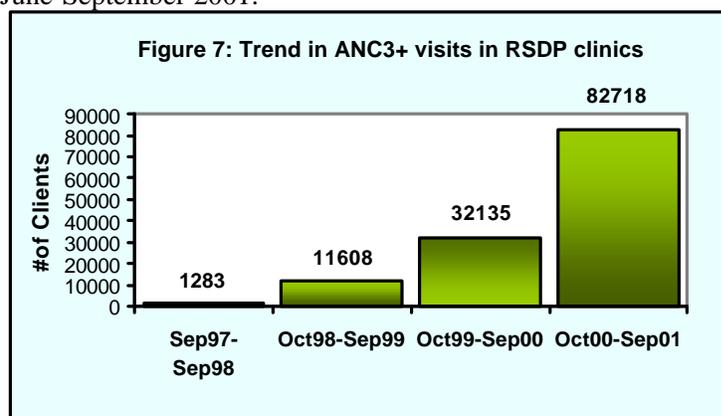
RSDP, as per workplan focus, emphasized on a minimum of three visits per pregnancy, with promising results. ANC3+ visits have increased 2.5 times compared to the previous twelve months (**Figure 7**).

In addition, over 161,000 TT injections were given to women of childbearing ages this period (**Figure 8**). This is an estimated 18 % increase over the previous twelve months.

Part of this success is attributable to the fact that NGOs are updating Family Registration and identifying pregnant women in their catchment areas and following them up for increased/complete coverage with ANC services including ANC 3+ visits.

Post-natal Care

Post-natal care visits numbered 51,667 this period - a 72 % increase over the previous period (**Figure 9**). Furthermore, both first PNC visits and revisits increased, suggesting women are increasingly becoming aware of the need for multiple post-natal care visits. RSDP clinics are emphasizing the breast-feeding counseling and distribution of Vitamin A by Paramedics and Depotholders.



¹ DHS, 1999-2000 estimates that 12.9 percent of the total population are children <5 years

iv. Other Reproductive Health Services

STD/RTI Treatments

RSDP services for STDs and RTIs treatment increased from 53, 200 to 77,928 customers – 46 percent increase over the previous 12 months. RSDP's effort to increase male response to STD services has been very encouraging - 103 % more men came for services this period over the previous year.

HIV/AIDS awareness campaign in all RSDP Upazila

RSDP continued its efforts to increase awareness about HIV and AIDS, a total of 4,096 meetings were organized at community level and 56,340 participants attended in these meetings. In addition 455 meetings were specially organized for 18,200 adolescent boys and girls to educate/inform them about HIV/AIDS, what it is, how does it transmit and how to prevent it.

World AIDS Day

RSDP undertook a massive educational campaign in all RSDP Upazila units to raise awareness of the danger of AIDS on the World AIDS Day. A total of 90,000 leaflets focusing on the role of males in preventing HIV/AIDS were distributed during this campaign.

HIV/AIDS intervention in two high-risk Upazila:

Two HIV/AIDS high-risk Upazilas – Shibalaya and Goalanda organized two satellite clinics per month in Aricha Ghat area and served 900 truck Drivers, Helpers, and women at risk in the ghat area. Goalanda Upazila also organized one satellite clinic per month at the red-lighted area to offer RTI/STD services to the commercial sex-workers.

Adolescent Reproductive Health Services

Adolescents have been the focus of intensive planning efforts this period. According to strategy, RSDP categorizes adolescent girls (15-19) into two groups – newly married and unmarried. MIS included recording and reporting of adolescent TT since June 2001. During the last 4 months (June–September 2001), RSDP reached 66,186 couples. Following up the success of pilot testing of TT services for lifetime immunity of girls at high schools nearest to the Static Clinics, RSDP expanded this activity and provided 16,505 doses of TT to girls during the last 4 months (June – September 2001).

Clinical and Management Training for Staff Development to Deliver ESP:

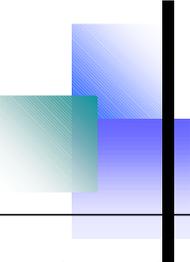
In this year, RSDP provided/distributed many guidelines and manuals and provided training in important aspects of NGO ESP delivery. Key RSDP training is provided below in **Table 4**. A complete list of materials and guidelines developed this year can be found in **Section VI**. A huge number of staff have been trained on different aspects of ESP implementation and delivery of services.

Table 4: Clinical and Management training between Oct 2000-Sep 2001					
Training	No. of Batches	Date	Organization	Participant Category	Total Participants
Clinical					
Basic CMT	4	17 Feb-Aug 2001	AITAM	Paramedic	64
Ref CMT	3	May-July, 2001	AITAM	Paramedic	47
Basic CSI	8	Jan-July, 2001	AITAM	Paramedic	110
Basic ORH	11	Sep 2000-Sep 2001	OGSB, AITAM, CWFD, MSCS	Paramedic	97
Ref CSI & ORH	4	Apr-Aug, 2001	OGSB, AITAM, CWFD	Paramedic	53
Basic NSV	4	Feb-Mar, 2001	AITAM	Physician	15
Infection Prevention & Counseling	17	Apr-Jun, 2001	RSDP/QIP	Clinic Aide	252
RDU	2	July 2001	QIP	Physician	13
Norplant	1	Sep 2001	MFSTC	Paramedic	6
Total					657
Management					
Supervision & Quality Management	1	23-27 Sep, 2001	QIP	RSDP Field Managers	15
CMs TOT	23	Jan-May, 2001	BRAC	CM	465
DHs Basic		May-Sep, 2001	RSDP NGOs	Depotholder	59
DHs Refresher	417	May-Sep, 2001	RSDP NGOs	Depotholder	5,263
Total					5,802
BCC					
Message Development	1	November 2000	BCCP	PM	2
Advances	1	February 2001	BCCP	PM & MO	5
Total					7
Grand Total					6,466

Overall, 6,466 staffs were trained in different areas of ESP among them 657 received clinical training and 5,802 received management training. In the clinical training 252 clinic aides have been trained on infection prevention and counseling. Currently, 54 percent of the 139 upazilas have a full complement of trained staff (full complement staff refers to paramedic/FWV who has completed all the 3 trainings on CMT, CSI and ORH) as per the USAID requirement, up from 31% last period.

Quality Assurance Visits:

RSDP along with QIP completed QA2 visits. A total of 55 sites were visited for QA2 during October – March 2001. QA3 visits were initiated from April 2001. By the end of September 59 sites were visited - 42 were jointly visited by QIP and RSDP. The remaining 17 sites were visited by RSDP and NGO. A comparative analysis has been presented in a graph (see figure 1) in page 10.



III. BEHAVIOR CHANGE COMMUNICATION ACTIVITIES

In RSDP Behavior Change Communication (BCC) is implemented with technical assistance from the Bangladesh Center for Communications Program. In addition to providing training and monitoring for BCC activities described earlier in this report, BCCP has contributed greatly to the development of BCC materials and planning for long-term BCC activities within RSDP. RSDP also supports BCCP's role in the production and evaluation of a national drama promoting health services. Highlights of each of these activities are described below.

During the report period of October 2000 – September 2001 RSDP conceptualized, designed, developed, pre-tested, produced and distributed the BCC materials in **Table 5**.

<i>Material</i>	<i>Use</i>
NID Leaflet	Distributed among mothers and guardians of children under 1 year. The aim of this leaflet is to raise awareness of guardians about the importance of child immunization, remind them about EPI schedule, and emphasize the making of 'Polio-free Bangladesh': 88,000 distributed
Leaflet on AIDS	Distributed among customers and service providers to build awareness about the dangers of AIDS, how it spreads, and how it can be prevented: 120,000 leaflets distributed
EPI Calendar (2001-2002)	Distributed to customers and service providers to help service providers find the due dates of all the vaccines easily, and to facilitate completing the full dose of vaccination: 684 calendars distributed
Nutrition Brochure	Produced for pregnant women, lactating mothers and guardians of children under 5 years to increase awareness of the importance of proper and balanced nutrition, particularly increased use of iron and vitamin 'A' intake among pregnant and post partum women and increased practice of exclusive breast-feeding, proper weaning and growth monitoring among children: 145,000 produced
Calendar for Bangla Year 1408	Designed for customers and service providers, this colorful calendar focuses on child health, ANC/PNC, maternal health, family planning methods and AIDS prevention. The calendar aims at increasing awareness and improving service seeking behavior of rural customers, and delivery of quality service from all rural RSDP clinics: 215,000 distributed in April, 2001
NSV Brochure	Produced to increase awareness of rural married males with 2 or more children and service providers of selected RSDP clinics. As contraceptive practice by males is on the decline, it is a programmatic intervention to popularize NSV among potential male customers. The brochure describes with illustrations the method, its advantages, suitability, precautions, possible side effects and service centers: 30,000 produced
ANC Brochure	Produced to raise awareness of pregnant women, their husbands and in-laws about the importance of ANC, services available and emergency situations: 175,000 distributed
PNC Brochure	Produced to raise awareness of post-partum mothers, their husbands and in-laws about the importance of post-natal services, breast-feeding, EPI and family planning. Emergency situations and their solutions are also described with illustrations. Every rural clinic was supplied with 500 copies of these brochures for distribution: 88,000 distributed
Male Involvement Brochure	Produced to raise awareness about men's roles and responsibilities as husbands and fathers, and rural static clinic services available to them and their families: 88,000 distributed

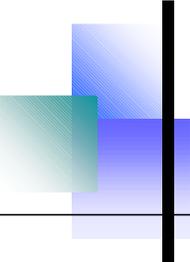
RSDP's ability to reach priority populations depends not only on the internal capacity of NGOs and their clinics to manage and deliver services, but also on specific activities designed to promote active service seekers in RSDP catchment areas. RSDP has witnessed a steady increase in use of services among all priority populations (**Appendix A** for detailed service delivery statistics), a testament to the effectiveness of the variety of priority population-focused initiatives and complementary BCC activities.

In general, services have been promoted through an intensive branding campaign held this year. BCCP launched the "Smiling Sun" branding campaigns through three television spots that went on air on ETV from 15 January. Thirty billboards for RSDP and 40 for both RSDP & UFHP with smiling sun logo have been placed at different locations. Many stickers, Satellite Clinic banners, posters, sign boards for Static and Satellite clinics, directional signs, Depoholder signboards and campaign rally banners were produced to raise awareness among community members about the logo and its meaning.

Complementary nationwide BCC activities that promote RSDP services have included the BCCP-supported 26-episode drama serial *Ei Megh Ei Roudru* and a new radio campaign.



"Smiling Sun" branding campaigns



IV. BRAC PROGRESS REPORT

BRAC implemented RSDP in 33 Upazilas. This report depicts major achievements of BRAC's RSDP implementation in these Upazilas during the period from October 1, 2000 through June 30, 2001.

Program Performance

As of June 2001, BRAC had a total of 36 Static Clinics (Shushasthos), 2,369 Satellite Clinics and 3,434 Depots to deliver ESP in the project areas. Through these service delivery points, BRAC distributed monthly 99,445 cycles of pill, 97,914 pieces of condom and 10,511 Injectable. During this period, 147 customers are provided with NSV services and 1,568 customers were provided with IUD services. In consistent with RSDP strategy, BRAC ensured contraceptive supply for its allocated area from the GoB Upazilas stores directly on a regular basis.

There are estimated 346,149 pregnant in BRAC areas. Of them, 42,433 pregnant women received ANC1, 34,018 received ANC2 and 40,559 received ANC3+.

During this period, 54,671 children were vaccinated by measles, 301,165 diarrhea episodes were treated by ORS and 20,465 children were treated for ARI.

In the 1st round of 8th NID BRAC provided polio to 438092 children and in the 2nd round provided polio and Vitamin-A to 436,924 and 340,302 children respectively. In the 1st round of 9th NID they also provided polio and Vitamin-A to 420,123 and 334,665 children respectively and in the 2nd round provided polio to 423,088 children.

Staff Training

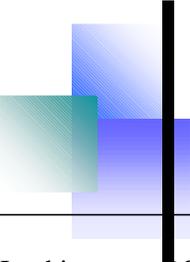
As of June, BRAC has almost completed basic training for its service providers. Out of 64 FWVs in BRAC Static Clinics, 84 percent completed CMT, 73 percent CSI and 72 percent ORH training. Of total 314 PO (Paramedics), 91 percent received CMT, 89 percent received CSI and 73 percent received ORH training. In general, 9 Upazilas of BRAC have fully complement of trained staff.

NSV and Norplant services

BRAC has initiated NSV services from its 12 static clinics. 6 Medical Officers and 6 FWVs have been trained to offer this service. During this period 147 NSV were conducted in these Upazilas. BRAC also initiated its Shushastho based Norplant services in collaboration with the GoB. The Shushastho team assisted GoB trained Medical Officers to perform Norplant services eight Shushasthos of Nilphamari district. A total of 14 customers were provided with Norplant services during this period.

Safe Delivery in Shushastho

As of June 2001, 7 out of 36 Shushasthos are providing normal delivery care at Nilphamari Sadar, Kishorigonj, Saidpur, Shaysthaganj, Habiganj Sadar, Kulaura and Nakla. A total of 332 normal deliveries were conducted during this reporting period.



V. RECENT STUDIES AND FOLLOW-UP ACTIONS

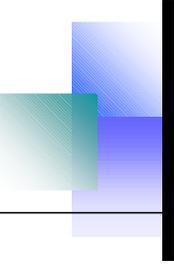
In this year, RSDP has been involved in assessments and studies that have or will contribute to the improvement and expansion of services. Highlights of the study and use of findings are provided:

- (1) **Assessment of EPI Services:** GOB-IOCH-RSDP jointly undertook a situation analysis of EPI services management in RSDP areas to identify management/policy actions needed and conducted a 30-household cluster survey to assess immunization coverage. Results will be used to improve collaboration between RSDP and GOB for further increasing immunization coverage in RSDP clinics. The findings for program action have been disseminated and a small task force formed with IOCH in lead.
- (2) **BRAC's safe delivery services:** An assessment of BRAC's safe delivery services was conducted, and results disseminated. The key findings and recommendations were:
 - (a) All facilities required for safe delivery services including counseling and lab facilities at all centers are adequate but utilization of services is very low – 3 per month.
 - (b) Before expanding the program, BRAC and RSDP should strengthen the current centers to attract more customers.
 - (c) Female MOs are preferred; delivery skills of FWVs and midwives should be improved so that they can do delivery without the MOs since the retention of MOs is difficult.
 - (d) If the customer flow remains low at certain centers, BRAC and RSDP should re-locate resources to other selected clinics.
- (3) **Cost of Providing ESP Services and Willingness and Ability to Pay for Selected ESP Services in RSDP Areas of Bangladesh:** The preliminary findings of the Cost of Providing ESP Services and Willingness and Ability to Pay for Selected ESP Services in RSDP Areas of Bangladesh were disseminated in February 2001 at a venue in Dhaka, followed by group discussion. Results are being used to guide the pricing policy at RSDP clinics with the intention of increasing revenues gained from providing services without discouraging customers from taking services at the clinic. A final report on this study is now available.
- (4) **From the Home to the Clinic:** The Next Chapter in Bangladesh's Family Planning Success Story: Results from this study conducted by Sid Schuler, from the Population Council, have been published and disseminated. Some recommendations from the report, many of which have led to new initiatives this period, included:
 - (a) Distinguish NGO clinics (RSDP) from GOB clinics using a separate logo
 - (b) Develop new efforts to increase male involvement
 - (c) Re-examine the pricing policy and develop a more transparent subsidy system
 - (d) Continue to emphasize the interpersonal aspects of care
 - (e) Continue to provide quality services and improve quality because this is what our customers value
 - (f) Focus on providing information and not on method specific promotion
 - (g) Develop clearer referral practices

- (5) **Introducing Emergency Contraceptive Pill (ECP) in Bangladesh:** RSDP piloted Emergency Contraceptive Pill (ECP) in two Upazilas in collaboration with the Population Council. Based on positive experiences, RSDP plans to implement the program in all of its Upazilas in the future.
- (6) **MEASURE Evaluation:** RSDP worked closely with MEASURE in the development of critical indicator measures in the past year. MEASURE has conducted the evaluation and it is expected results will be available in the near future.

In House Studies/Assessments:

- (1) **Assessment of ORT Corners:** Five RSDP Technical Assistance Units completed an in-house assessment of utilization of ORT corners. The assessment findings confirmed the low utilization of ORT corners. Increased utilization of the ORT corners has been planned through an intensive campaign to create awareness of the community about the availability of ORT services in all RSDP clinics, better community education on when to use ORT services, reducing missed opportunities to inform customers about diarrhea services, and ensuring that the ORT corners have the necessary logistics. ORT corners are already being used to show proper treatment of CDD, including proper nutrition.
- (2) **TV/VCP Assessment in selected Static Clinics:** RSDP completed this assessment in the past year. Results showed that TV/VCP has been used extensively in RSDP clinics during the clinic hours as a tool of facilitating group communication on ESP services.
- (3) **Revised Directory of RSDP Static and Satellite Clinics:** A complete guide to RSDP Static and Satellite Clinics was updated this year since there has been some changes in RSDP working areas. The directory has been a useful planning tool for RSDP and NGOs.
- (4) **ARI Rapid Assessment:** Rapid Assessment of awareness and utilization of ARI service was conducted during August and September in Dewnaganj, Delduar and Sreepur Upazila through a survey of 4,876 women samples. ARI indicators obtained from these Rapid Assessment will be taken as baseline status for the ARI pilot project; ARI indicators will be compared with the mid term assessment of the Pilot project.



VI. RSDP PRESENTATIONS, PUBLICATIONS, AND GUIDELINES/MANUALS

This period RSDP participated in the development of many publications and presentations that shared RSDP's model of service delivery with other professionals, gave greater insight to program operations, and documented the standards essential to the delivery of quality services. A full list is provided below.

i. Guidelines, Tools, Manuals, and Training Curriculum:

RSDP Developed and Produced:

1. Guideline on revised RSDP MIS
2. Training curriculum on ARI for TOT and DH training
3. Training manual for TOT trainer on ARI and for the DH
4. HIV/AIDs awareness building guideline
5. Guideline on adolescent TT program
6. Iron folic-acid and Vit A cap distribution guideline among ANC and PNC mother
7. Guideline on ARI record keeping and reporting for the ARI pilot project
8. TOT Guideline for Depotholder Refresher Training

RSDP Collaborated and Contributed to the following:

1. Technical Standard on HIV/AIDS
2. Manual for Adolescents on different physical, mental and behavior changes as a first chapter of Adolescent Reproductive Health Compendium
3. A manual on ESP essential drug list, 2nd version
4. QI manual for RSDP
5. Technical Standard on Limited Curative Care
6. MTP module four on rational use of drugs
7. Peer education manual on HIV/AIDS development under HIV/AIDs task force is in process

ii. Research and Evaluation Publications

5 Volumes of the *RSDP Call to Action* Bangla/English Bulletin were produced and disseminated to date. RSDP Call to Action is distributed to all NGOs, RSDP Field Managers and TA Units. Recent Volumes include:

Volume 3: RSDP Program Priorities for 2001

Volume 4: Findings from the Second Round of Quality Assurance Visits

Volume 5: Cost of Providing Services and Willingness to Pay for ESP Services

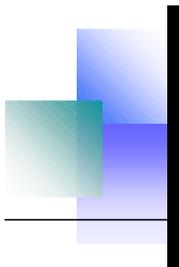
iii. Staff Publications and Presentations

Alauddin, M., Rahman, M. & Colton, T.C. *Family planning and reproductive health services through fixed service delivery sites in rural Bangladesh: Achievements and lessons learned.* Presented at the 128th Annual Convention of the American Public Health Association (APHA), Boston, MA. November 12-16, 2000.

Alauddin, M., & Colton, T.C. *Use of diaries as tools for improved performance in Bangladesh.* Presented at the 128th Annual Convention of the American Public Health Association (APHA), Boston, MA. November 12-16, 2000.

Khan, T.U., Alauddin, M., & Colton, T.C. *Service delivery-linked behavior change communication (BCC) activities in Bangladesh.* Presented at the 128th Annual Convention of the American Public Health Association (APHA), Boston, MA. November 12-16, 2000.

Shahnaz, S., Alauddin, M., Khan, T.U. & Colton, T.C. *Addressing adolescent fertility in Bangladesh: New challenges and approaches for Pathfinder's newlywed program.* Presented at the 128th Annual Convention of the American Public Health Association (APHA), Boston, MA. November 12-16, 2000.



VII. STRENGTHENING RELATIONSHIP WITH GOB AND OTHER PARTNERS

GOB, in collaboration with NGOs and other development partners, conducted an AFP surveillance review for the national program during July 22 - August 3, 2001. WHO coordinated the review process involving a team of national and international experts from GOB, national and international NGOs and other development partners. The major purpose of the review process was to assess the efficiency of the AFP surveillance system in Bangladesh. One Pathfinder staff-person actively participated as a national counterpart in this review process. The major recommendation of the review was to modify the definition of AFP to exclude weakness and history of weakness as a criterion for being included as an AFP case.

IOCH provided TA to RSDP in conducting an EPI coverage study. According to the IOCH study, the crude coverage of EPI for children 12-23 months in the areas where NGOs offered EPI in collaboration with GOB is the highest (99-100 %), and less in direct areas (90 %). The proportion of fully immunized children in collaborative areas is 87 % and 70 % in direct areas. The proportion of children who had never received any antigen was 10 percent in direct areas.

In order to better reach the newlywed group, a five-member committee was formed in December, 2000 with members from RSDP, UFHP, BCCP, and SMC to develop a Newly-Wed Couple Gift box targeted to married adolescents. The committee finalized the idea of a gift box to contain an informational booklet, a cycle of SMC brand pill or 12 condoms, a bar of soap, and a comb and mirror. 55,000 boxes were estimated for FY 2001. In the meeting, SMC was willing to bear half of the cost, with the other half to be borne by RSDP and UFHP. However, the idea of the giftbox was put on hold due to the funding crunch.

RSDP is participating in an Adolescent Reproductive Health Task Force that is developing a compendium on adolescence. This compendium will cover four chapters: 1) changes during adolescence, 2) sexuality, 3) family planning/marriage, and 4) RTI/STD & HIV/AIDS. The Task Force has finalized the 1st chapter and will be working on subsequent chapters in the coming period.

Table 6: List of Working Groups/Committees in NIPHP

SI #	Name of Working Group/Committee	Lead Agency
A. With GOB		
1	NIPHP Corporate Steering Group	MOHFW
2	Member Secretary Service Delivery Working Group	DGFP
3	Quality and Private Sector Working Group	DGHS
4	OR Working Group	MOHFW
5	Logistics Working Group	DGFP
6	Working group for critical underserved	Pathfinder International
7	NGO Clinic approval and Renewal Committee	DGFP
8	Steering Committee on Strengthening of Sterilization Services in Bangladesh	Engender Health
B. Within NIPHP		
1	MIS Working Group	USAID

Table 6:List of Working Groups/Committees in NIPHP

SI #	Name of Working Group/Committee	Lead Agency
2	Training Management Group (TMG)	Prime
3	RTI-STD Taskforce	Engender Health
4	HIV-AIDs Taskforce	FHI
5	Adolescents Taskforce	USAID
7	Nutrition Working Group	HKI
8	Measures Survey working group	USAID
9	QMS Working group	QIP

VIII. ADMINISTRATIVE ACTIONS

i. Training/Conferences outside Bangladesh

During this period, RSDP staff attended several international training and conferences (see Table 7).

Sl.	Name/Position	Training/Meetings/Conferences Attended
Pathfinder		
1	Dr. Mohammad Alauddin Country Representative & Chief of Party, Pathfinder International/RSDP	American Public Health Association Annual Meeting, November 2000
2	Dr. Shabnam Shahnaz, Deputy Director RSDP/Pathfinder International	Study Tour for Exposure to ARI Program in Nepal, March 19- 23, 2001
3	Mr. Kamrul Ahsan Sr. Technical Officer, MIS RSDP/Pathfinder International	Monitoring and Evaluation of Population Reproductive Health Programs, Mahidol University, Thailand, October 16-November 03, 2000
4	Mr. Mansur Ahmed Sr. Technical Officer, NGO Mgt. & Dev. Pathfinder International	Sustainability: Alternative Financing for Community based Reproductive Child Health, Manesar/Haryana, India, February 12-23, 2001.
BRAC		
1	Mr. Taufiqur Rahman Manager, Technical Support Team, BRAC/RSDP Project	Attending a course on "Improving Health Care Quality in Low and Middle Income Countries" at Boston University, October 23-November 10, 2001
2	Dr. Lima Rahman Technical Officer, Maternal health BRAC/RSDP Project	Participation a course on "Population & Reproductive Health Research" in Mahidol University at Bangkok, Oct09-December01, 2000
3	Dr. Raisul Hoque, Technical Officer, Child Health, BRAC/RSDP Program	Study Tour for Exposure to ARI Program in Nepal, March 19- 23, 2001
RSDP NGO		
1	Mr. Md. Rafiqul Islam RSDP Field Manager (Nakla) BRAC/RSDP Program	Study Tour for Exposure to ARI Program in Nepal, March 19- 23, 2001
2	Mr. Md. Abul Hossain RSDP Field Manager (Dewanganj) Swanirvar Bangladesh	-do-
3	Mr. Abdul Kader Monitoring Officer Swanirvar Bangladesh/Dhaka	-do-
4	Mr. Rafiqul Islam Project Manager Swanirvar Bangladesh/Dhaka	Sustainability: Alternative Financing for Community based Reproductive Child Health, Manesar/Haryana, India, February 12-23, 2001.
5	Ms. Shahnana Nasreen Project Manager, MMKS/ Madaripur	-do-
6	Ms. Sabina Islam Project Manager, BAMANEH/Dhaka	-do-
7	Md. S.M. Ahsan Project Manager, SGS, Gopalganj	-do-
8	Dr. Mahmud Hasan Project Manager, VPKA, Rajbari	-do-

ii. Travel to Bangladesh by Pathfinder Headquarters staff

<i>SL</i>	<i>Name/position</i>	<i>Scope of Work</i>	<i>Dates</i>
1	Thomas Fenn Vice President	Work with RSDP on partnership issues	January 7-20, 2001
2	Thomas Fenn Vice President	To conduct assessment of BRAC's NGO subgrant management system (this activity is included in our fy 2001 workplan under IR4.4.1.3; To do HQ monitoring of RSDP management, implementation and progress on FY 2001 workplan.	July 7-12, 2001
3	Thomas Fenn Vice President	Negotiate with contract office for settlement with BRAC payment and contract office concurrence of use of program income. Finalize scope of work for BCCP's Financial Management consultant. Confirm close-out plan vis-a-vis budget with USAID for CA amendment	August 27 to September 8, 2001
4	Mr. Mizanur Rahman	Provide assistance in review of RSDP performance, development of QMS, review of MEASURE evaluation activities, follow-up of rapid assessment, development of a performance-based reward system, and development of a M&E workshop	January 11-24, 2001
5	Mr. Mizanur Rahman	Integration/adaptation of QA measurement system developed by Dr. Neeraj Kak into RSDP and RSDP NGO. Review current indicators, select critical indicators/data needed for QMIS, coordinate with the MIS Team and develop QMIS and its plan for use at different levels-field, NGO and RSDP	May 17-25, 2001
6	Mr. Rich LoConte	Review accountant system and adjust bookkeeping to that the financial numbers appeared in reports and statements prepared either by Dhaka or Boston does not differ	January 11- 26,2001
7	Vedrana Vrankic Compliance Manager	Train PF staff on New PSS project administration and grant management	January 27 to February 02, 2001

iii. Local Consultants and Contracts

RSDP contracted ACPR for Rapid Assessment of Women's Knowledge and Utilization of Essential Health Services in Kalihati Upazila. ACPR took three weeks to complete the said job.

Professor Abdul Bayes Bhuiyan, President of OBGYN Society, was entrusted for assessment of BRAC safe delivery program commencing from September 2000.

iv. Michigan Fellow

Mrs. Heather L. Story, Michigan Population Fellow, continues to work with RSDP. During this period she coordinated the development of the Quality Assurance Tool, participated in the development of a QMS tool, completed the Semi-Annual Report, submitted abstracts on RSDP program activities to APHA, attended a Fellows Program-sponsored workshop in Mexico to discuss her work with RSDP, and contributed to discussion and presentation of various aspects of the program. Mrs. Story will be ending her fellowship on November 30, 2001, approximately 2 ½ months earlier than planned, due to a number of circumstances related to the September 11th bombings in the United States. Mrs. Story expresses her utmost appreciation to USAID and RSDP for their support throughout her fellowship.

v. Logistics Management

1. Distribution of BCC materials, clinic equipments and materials to NGOs and clinics:

RSDP has a in-house system for handling the distribution of materials (BCC, Clinic etc) to the clinics. The items are sent to the TA Units from where the clinic managers collect the items after receiving an orientation on the use /application of the materials based on the guidelines.

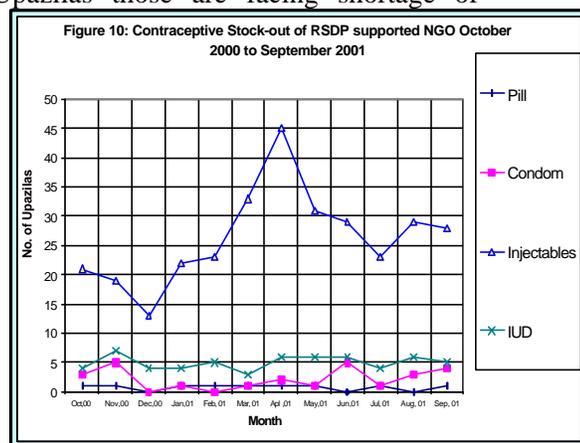
Following are the items distributed to the clinics this year:

- a) **Monthly Planner:** Received 200 Monthly Planner for the year 2001 from DELIVER/JSI. These were delivered to all RSDP Supported NGOs for distribution to the RSDP Clinics at the Upazila level. The Monthly Planner comprised of Logistics information along with the addresses of the District & Upazila FP Officers to make smooth coordination by the RSDP Coordinating & Upazila personnel.
- b) **Clinic Signage Stencils:** BCCP provided 60 Clinic Signage Stencils on Smiling Sun for distribution to the RSDP supported NGOs to keep uniformity the static clinics' sign board upon imprint the Smiling Sun's logo.
- c) **EPI Calendar:** 684 EPI calendars has been delivered to all RSDP Upazila clinics to facilitate the Paramedics to easily find out date of the next EPI doses.
- d) **Poster, Badge & Stickers on Smiling Sun:** These Posters & stickers have produced to familiarize and encourage customers to take FP & ESP services from RSDP Static & satellite clinics. A total of 38,700 posters, 50,700 stickers & 11,494 badges has been distributed to RSDP Upazilas.
- e) **ANC & PNC leaflets, Male Brochure, DH kits, NID leaflets, Revised FP manual and ANC/PNC /NID Guidelines:** During this period a total of 1,72,000 ANC leaflets, 86,000 PNC Leaflets, 86,000 Male Brochures, 9,340 DH kits, 88,000 NID leaflets & 513 Revised FP manual has been distributed to RSDP upazilas.
- f) **RSDP Diary for the year of 2001:** RSDP NGO staffs use diary to track their performance. A total of 4,300 diaries has been produced and distributed.
- g) **Nozzle & Needle Crusher:** Syringes and the needles might cause the health hazard in the community unless disposed it properly. 175 Nozzle & Needle crushers were procured by the RSDP supported NGOs and delivered to their respective Upazila Static Clinics.
- h) **Bags for Clinic Team:** Each clinic team has a vital role in the communities to expand ESP & FP services. The team bag was designed by RSDP and distributed to them to carry their family registers, contraceptives, Revolving Drug Funded medicines and keeping their revenue earned.
- i) **IUD Sterilizer:** QIP supplied 171 IUD Sterilizers to RSDP to distribute among the Static clinics of RSDP and accordingly we have distributed all.
- j) **RSDP Bangla Calendar of 1408:** A total of 215,000 Bangla Calendar of the year 1408 were distributed to all RSDP supported NGOs, Upazila clinics, Rural elite and Health related GOB personnel. The contents of the Calendar are providing information to the rural communities on Family Planning, Mother and Child Health and other ESP related information.

- k) Program related materials distribution:** Received a total of 200 booklets on "NGOs for receiving Contraceptive supplies" from DELIVER/JSI. We also received 750 Curative Care Manual for Paramedics, 1000 HIV/AIDS Manual & 720 Birth date Calculator with guidelines from Engender Health (AVSC), 145,000 brochure on Nutrition, and 30,000 Brochure on NSV from BCCP during May to July 2001. All the said materials were distributed to respective RSDP NGOs and Upazilas.
- 2. Safe Motherhood day:** The Bangladesh Government observed the Safe Motherhood Day on May 28, 2001. In conformity with this event, GOB entrusted RSDP to deliver UNICEF/GOB materials (350 bunting, 2825 Cap, 3700 Pad, 2,625 Poster and 3700 Files) on SMD to Deputy Director/Health Office of 17 districts. RSDP distributed the materials from May 22 –24, 2001.
- 3. RDF:** All RSDP NGOs supported by RSDP accomplished a new Memorandum of Understanding (MOU) with five Pharmaceutical Companies (ACME, Rhone-Poulenc, RANATA, Opsonin and JAYSON) prior to expiry of the previous one. The existing MOU was made for one and a half years (May 01, 2001 to October 31, 2002).
- 4. Injectable supply from SMC on USAID request:** Contraceptive Stock out often prevails in the Upazila FP Stores. So RSDP supported Upazila clinics encounter short supply of contraceptives, particularly in injectables. As a result, injectable drop out rate was becoming more. To avoid such incidents we informed USAID the injectable situation on July 18, 2000 and they took the matter with SMC, and arranged for 12,000 vials of emergency supply of injectables for RSDP. By August 201, all vials had been distributed to the RSDP upazilas according to their needs.

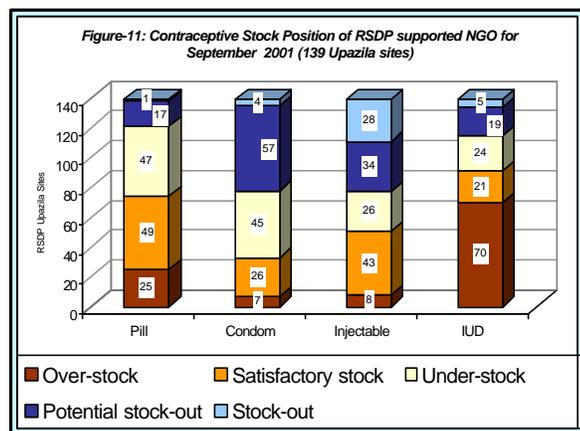
- 5. LMIS Reports:** To keep track and to determine the Upazilas those are facing shortage of contraceptive supply through Logistics Management Information Systems (LMIS). RSDP is doing a monthly analysis using LMIS data and published a report. Each month we are sending this report to DELIVER/JSI, USAID, DFP and TEMO for information and seeking their assistance for improving supply situation.

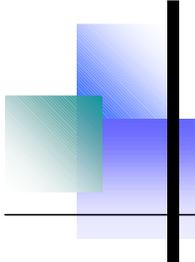
Analysis for the months of October 2000 to September 2001 indicate that stock-out position of pill, condom and IUD are at moderate levels, and the stock-out position of these methods are fluctuating between 2-10 Upazilas (**Figure 10**). Stock-out position of injectable is significantly higher (18-54 Upazilas) then the other contraceptives. Crisis of Injectable supplies in the country has greatly jeopardous family planning program during FY2001. Number of couples may be unprotected due to potential shortage of Depo-Provera (injectable).



The **Figure-11** below shows Contraceptive Stock Position for the month of September 2001. It indicates that:

- Highest stock-outs or potential stock-outs were for Depo-Provera (Injectable). 62 (44.58%) of 139 Upazilas had stock-outs or potential stock-outs of Injectable.
- 61(43.86%) Upazilas and 24 (17.26%) Upazilas respectively had either stock-outs or potential stock-outs of Condom and IUD.
- 18 (12.94%) RSDP Upazilas had either stock-outs or potential stock-outs of Pill.





IX. FINANCIAL REPORT

A. Pipeline Analysis

The following pipeline analysis with burn rate since inception of the project to September 2001 is based on disbursements. Total budget of the RSDP Cooperative Agreement for 5 years is \$35.43 million, as of now (Modification No. 9) there has been a total obligation of \$33,18 million. Till September 2001, there was cumulative expenditure of \$27.86 million, giving a pipeline of \$5.32 million as of October 1, 2001. **Table 8** below shows the pipeline analysis of RSDP.

Table 8: Pipeline Analysis

<i>Budget Category</i>	<i>Total</i>	<i>Cum Exp.</i>	<i>Obligation</i>	<i>Burn Rate</i>	<i>Expenditures</i>	<i>Burn Rate</i>
	<i>Obligation</i>	<i>as of</i>	<i>Balance</i>	<i>Since</i>	<i>for last 6</i>	<i>for last</i>
	<i>Thr. Jun'02</i>	<i>30-Sep-01</i>	<i>Thr. Jun'02</i>	<i>Inception</i>	<i>(Apr-Sep'01)</i>	<i>6 months</i>
				<i>(50 months)</i>		<i>(Apr-Sep'01)</i>
	<i>a</i>	<i>b</i>	<i>c=a-b</i>	<i>d=b/50</i>	<i>e</i>	<i>e/6</i>
<i>Personnel</i>		1,667,605		33,352	242,719	40,453
<i>Benefits</i>		533,385		10,668	92,855	15,476
<i>Travel Costs</i>		580,761		11,615	58,956	9,826
<i>Equipment & Supplies</i>		367,167		7,343	11,108	1,851
<i>Other Direct Cost</i>		1,727,358		34,547	107,307	17,885
<i>SUB – AWARDS</i>						
<i>BRAC subcontract</i>		6,176,122		123,522	363,000	60,500
<i>BCCP subcontract</i>		2,410,111		48,202	565,000	94,167
<i>JHU/PCS</i>		243,873		4,877	-	-
<i>Other NGO Subgrants</i>		11,959,741		239,195	1,604,515	267,419
TOTAL DIRECT COST		25,666,123		513,322	3,045,460	507,577
TOTAL INDIRECT		2,191,923		43,838	247,029	41,172
RSDP TOTAL	33,177,551	27,858,046	5,319,505	557,161	3,292,489	548,748

Burn rate: Total expenditure of the last 6 months has been \$3.29 million, which gives an average monthly burn rate of \$548,748. At the current burn rate, RSDP will be able to continue its program operation through end of June 2002 with the remaining obligated balance.

B. NGO Expenditure Analysis

<i>SL No.</i>	<i>NGO</i>	<i>Budget October 2000 to September 2001 (Taka)</i>	<i>Expenditures October 2000 to September 2001</i>	<i>Percentage of Expenditure October 2000 to September 2001</i>
1	BAMANEH	13,804,174	12,524,640	91%
2	Bandhan	2,592,339	2,544,405	98%
3	CRC	3,738,893	3,512,984	94%
4	DCPUK	5,581,584	5,017,732	90%
5	GKSS	5,811,625	5,203,266	90%
6	JTS	29,861,220	27,641,355	93%
7	JUSSS	6,056,861	5,834,515	96%
8	MMKS	8,847,123	8,743,937	99%
9	PJS	1,404,769	1,385,687	99%
10	PSF	28,974,687	23,725,009	82%
11	PSKS	4,373,899	3,939,355	90%
12	SOPIRET	10,487,429	9,841,179	94%
13	SGS	4,714,493	4,615,773	98%
14	SUS	7,831,282	6,250,120	80%
15	SWANIRVAR	52,029,676	50,939,861	98%
16	VPKA	4,224,354	3,903,781	92%
17	SUPPS	466,769	337,855	72%
18	Shimantik	2,060,346	2,023,170	98%
Sub Total		192,861,523	177,984,624	92%
17	BRAC(All)*	110,756,979	74,818,982	68%
18	BCCP	59,590,318	49,502,428	83%
Totals		363,208,820	302,306,034	83%

* BRAC expenditure for the period October 2000 to July 09,2001 and BRAC supported 2 NGOs expenses till July 09, 2001 included in BRAC. All RSDP NGOs expensed 92% of their budget, which indicates a better financial planning and efficient grants management by Pathfinder. Since BRAC discontinued with RSDP effective from July 09,2001 and under utilization of budget by BCCP, as a result total expenses reduced to 83%



APPENDICES

APPENDIX A: YEAR-WISE ACHIEVEMENT AGAINST RSDP NIPHP PERFORMANCE INDICATORS

Table 10: Year wise achievement against RSDP NIPHP performance indicators

SI	Indicators	Sep97 - Sep98	Oct98 - Sep99	Oct99 - Sep00	Oct00 - Sep01	
		171 Upazilas	171 Upazilas	171 Upazilas	139 Upazilas (without BRAC)	171 Upazilas (Oct00-June01) (with BRAC) *
1	Eligible couples in the direct service delivery areas	1,873,923	2,147,915	2,202,115	1651468	2280919
2	Number of customers					
	Static Clinic	240,622	501,117	913,000	986661	908165
	Satellite Clinic	816,426	1,614,542	3,043,676	2718999	2926953
	Depotholder	1,117,358	2,534,264	4,505,642	4468696	4875969
3	Contraceptive distribution					
	Pill (monthly)	101,818	186969	285,052	265745	365190
	Condom (monthly)	133,158	369742	602,360	696552	794465
	Injectable (monthly)	11,743	31034	55,618	59259	69770
	IUD Insertion (yearly)	2,176	5843	9,489	9097	8343
	Tubectomy (yearly)	27	11	4	11	21
	Vasectomy(yearly)	6	9	2	360	361
4	FP Users Referred					
	Monthly Injectable Ref.	6,653	2983	640	1086	1793
	Yearly IUD Ref.	3,832	2168	346	536	545
	Yearly Norplant ref.		1755	1,460	1491	1267
	Yearly VSC Ref.	2,557	2406	1,759	1210	1588
5	Yearly Side-Effect Management:					
	Pill	9,211	16,704	24081	51640	56355
	Injectable	5,532	12,601	25414	41085	46657
	IUD	1,145	1,315	2077	3279	3486
6	EPI (annual estimation)					
	Measles dose under <1	61,380	87,579	154867	109199	136570
	DPT1 dose	38,332	92,047	166867	122685	159599
	DPT2 dose	41,764	87,760	152069	111586	141485
	DPT3 dose	75,927	82,267	137453	97465	124924
	BCG dose	68,740	90,950	163301	122050	157448
	NID OPV contacts (Round 1/ Round 2)			2220732/ 2230468	1645780/ 1931287	2503995/ 2791301
7	Vitamin A dose distributed (NIDs/Vitamin A week)					
	Vitamin A dose distributed (NIDs/Vitamin A week)	47,247	516,633	1817044	530680/ 770596	865345/ 1110900
	Vitamin A dose distributed outside campaigns			85645	44841	58771
8	CDD (annual estimation)					
	CDD treated under 5 plan A (no dehydration)	49,273	242,161	586637	661008	703721
	CDD treated under 5 plan B (some dehydration)	35,756	121,644	213224	179944	228158
9	ARI (annual estimation)					
	ARI treated <5 with Pneumonia	3,599	16,829	43761	46186	55104

* BRAC continued up to July 9, 2001

APPENDIX -A

SI	Indicators	Sep97 - Sep98	Oct98 - Sep99	Oct99 - Sep00	Oct00 - Sep01	
		171 Upazilas	171 Upazilas	171 Upazilas	139 Upazilas (without BRAC)	171 Upazilas (Oct00-June01) (with BRAC) *
10	Pregnant received ANC visits (annual estimation)					
	ANC1	67,228	94,087	152795	135727	138103
	ANC2	42,316	81,526	156085	99125	104453
	ANC3+	8,652	47,208	71904	82718	96699
11	Pregnant women received TT (annual estimation)					
	TT1	30,012	63,113	113942	101936	113392
	TT2+	83,731	112,673	215389	161830	177865
12	PNC Services (annual estimation)					
	PNC	24,024	47,181	69019	51667	80204
13	STD/RTI cases treated (annual estimation)					
	Female:					
	Vaginitis syndrome	6,729	18,274	41576	55681	49380
	Other Syndrome	5,286	8,380	14619	15829	14845
	Male					
	Urethral Discharge	1,298	1,624	3345	5112	4559
	Genital Ulcer	445	327	434	1306	525
14	NGO Cost Recovery					
	Program cost during this period (\$)	3,421,628	3,583,772	4,490,501	3247074	3369538
	Service Charge (\$)	89,655	143,923	261,279	257072	334361
	Profit from Revolving fund (\$)		29,356	53,621	41550	60171
	Community Contribution (\$)	103,540	144,793	173,432	130200	170519
	Total program revenue (\$)	193,196	318,072	488333	428822	565051
	Percent*		9%	11%	13%	17%
15	Number of Static clinics operating	172	175			
16	Satellite sessions organized per month	4,550	6,005	7291	5413	7729
	With EPI sessions		3,046	4752	3187	5225
	Without EPI sessions		2,959	2539	2225	2504
17	Staffing and % Annual Turnover					
	Paramedics/FWVs (current #/% turnover)				453/17%	808/13%
	MOs (current #/% turnover)				6/51%	31/39%
	Community Mobilizers (current #/% turnover)				456/10%	512/10%
	Other (current #/% turnover)				6731/4%	9936/4%

APPENDIX B: CLINICAL AND MANAGEMENT TRAINING

Table 11: Clinical training between Oct 2000-Sep 2001

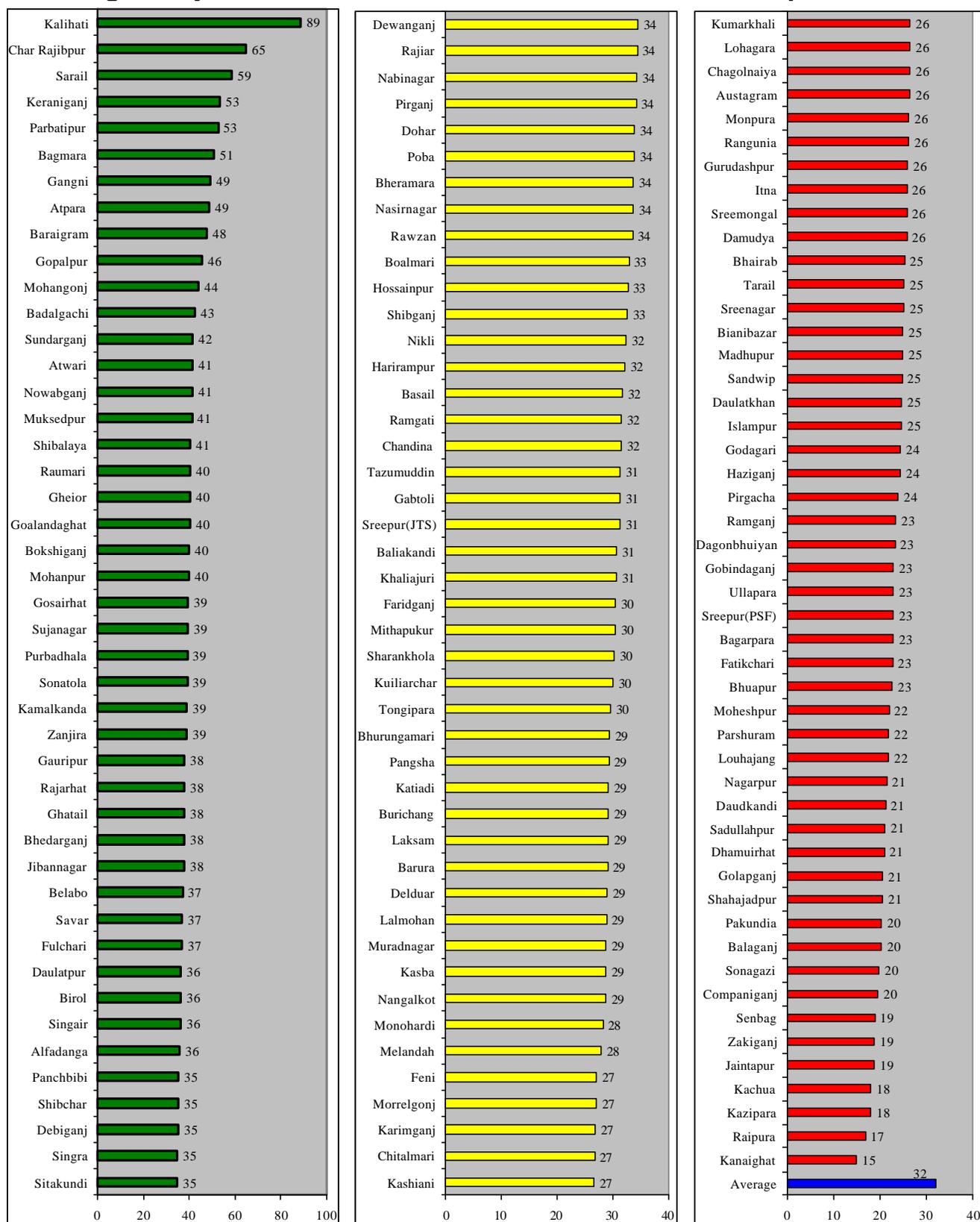
<i>Training</i>	<i>Batch</i>	<i>Date</i>	<i>Organization</i>	<i>Participant Category</i>	<i>Participant #</i>	
<i>Basic CMT</i>	1	17 Feb-3 Mar , 2001	AITAM	Paramedic	16	
	2	24 Mar-7 Apr , 2001	AITAM	Paramedic	14	
	3	16-28 June , 2001	AITAM	Paramedic	15	
	4	18-30 Aug , 2001	AITAM	Paramedic	19	
	Total					64
<i>Refresher CMT</i>	1	4-9 Aug , 2001	AITAM	Paramedic	16	
	2	12-17 May, 2001	AITAM	Paramedic	15	
	3	14-19 July , 2001	AITAM	Paramedic	16	
	Total					47
<i>Basic CSI</i>	1	13 Jan-23 Jan, 2001	AITAM	Paramedics	14	
	2	18 Feb-1 Mar, 2001	RADDA	Paramedics	13	
	3	18 Mar-28 Mar, 2001	RADDA	Paramedics	15	
	4	7-17 April , 2001	RADDA	Paramedics	16	
	5	13-23 May, 2001	BRAC	Paramedics	16	
	6	19-29 May, 2001	RADDA	Paramedics	14	
	7	2-13 Jun , 2001	BRAC	Paramedics	10	
	8	8-19 July , 2001	RADDA	Paramedics	12	
	Total					110
<i>Basic ORH</i>	1	Sep 23-Oct 4, 2000	OGSB	Paramedic	10	
	2	Sep 23-Oct 4, 2000	AITAM	Paramedic	14	
	3	28 Jan-8 Feb, 2001	CWFD	Paramedic	14	
	4	4-15 Feb, 2001	MSCS	Paramedic	9	
	5	10-22 Feb, 2001	OGSB	Paramedic	11	
	8	20-31 May, 2001	OGSB	Paramedic	13	
	9	10-21 Jun , 2001	MSCS	Paramedic	7	
	10	8-19 July, 2001	OGSB	Paramedic	10	
	11	25Aug-5 Sep,2001	OGSB	Paramedic	9	
	Total					97
	<i>Refresher CSI & ORH</i>	1	21-26 Apr , 2001	OGSB	Paramedic	10
2		26-31 May, 2001	AITAM	Paramedic	13	
3		14-19 July, 2001	CWFD	Paramedic	16	
4		28Jul-2 Aug, 2001	CWFD	Paramedic	14	
Total						53
<i>Basic NSV</i>	1	Feb 3-11, 2001	AITAM	Physician	4	
	2	Feb 22-Mar 01, 2001		Physician	3	
	Total					7

APPENDIX -B

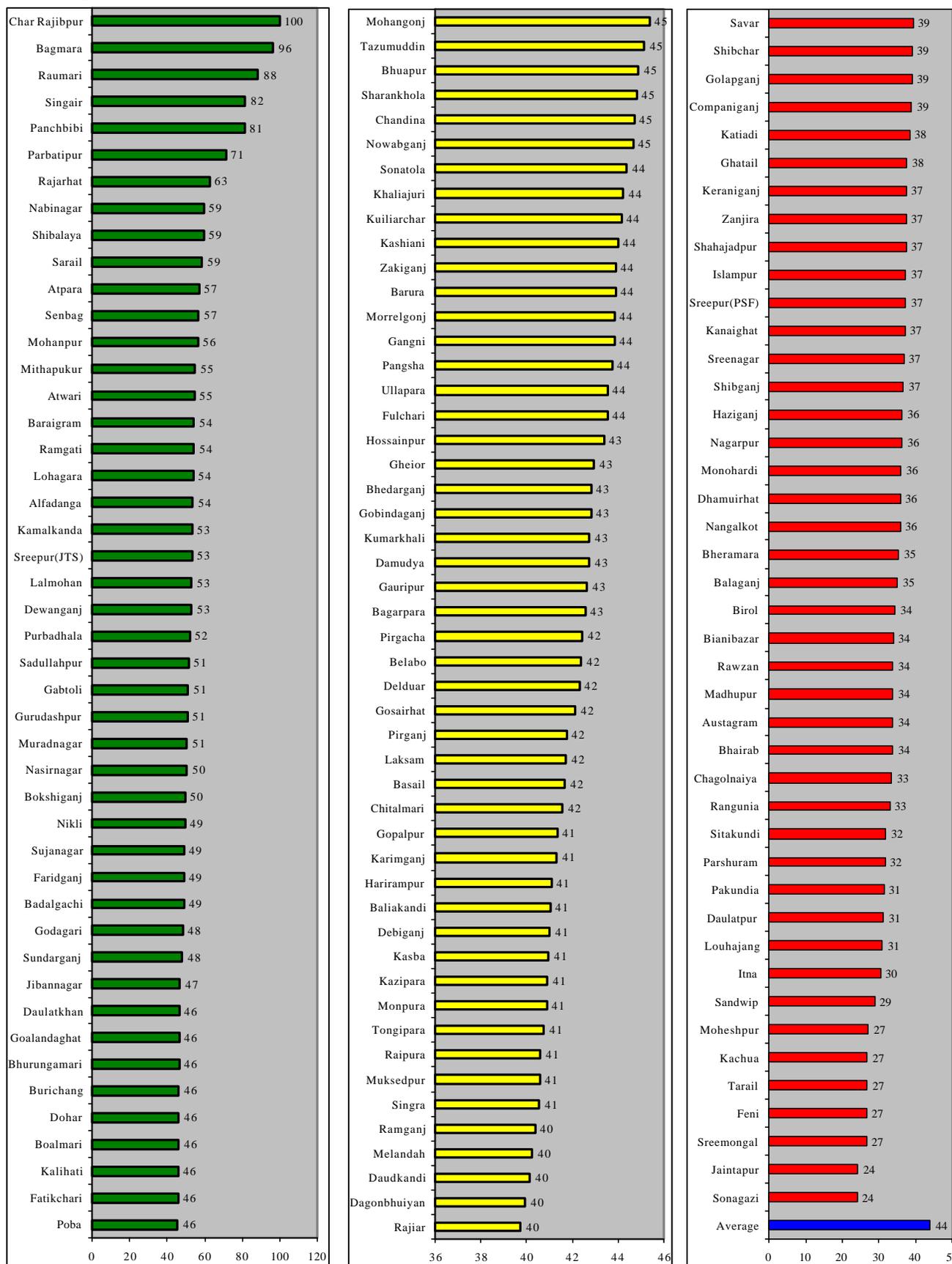
Table 11: Clinical training between Oct 2000-Sep 2001					
Training	Batch	Date	Organization	Participant Category	Participant #
Basic NSV	1	Feb 3-11, 2001	AITAM	Paramedic	5
	2	Feb 22-Mar 01, 2001		Paramedic	3
	Total				8
IP&C	1	Apr 24-26, 2001	RSDP/QIP	CLINIC aide	16
	2	8-10 May, 2001	RSDP/QIP	CLINIC aide	20
	3	8-10 May, 2001	RSDP/QIP	CLINIC aide	11
	4	8-10 May, 2001	RSDP/QIP	CLINIC aide	13
	5	22-24 May, 2001	RSDP/QIP	CLINIC aide	15
	6	22-24 May, 2001	RSDP/QIP	CLINIC aide	16
	7	22-24 May, 2001	RSDP/QIP	CLINIC aide	9
	8	10-12 June, 2001	RSDP/QIP	CLINIC aide	20
	9	10-12 June, 2001	RSDP/QIP	CLINIC aide	31
	10	Apr 24-26, 2001	RSDP/QIP	CLINIC aide	9
	11	8-10 May, 2001	RSDP/QIP	CLINIC aide	20
	12	8-10 May, 2001	RSDP/QIP	CLINIC aide	11
	13	8-10 May, 2001	RSDP/QIP	CLINIC aide	13
	14	22-24 May, 2001	RSDP/QIP	CLINIC aide	15
	15	22-24 May, 2001	RSDP/QIP	CLINIC aide	16
	16	22-24 May, 2001	RSDP/QIP	CLINIC aide	6
	17	10-12 June, 2001	RSDP/QIP	CLINIC aide	11
Total					252
RDU	1	July 10-12	QIP	Physician	7
	2	July 7-9, 2001	QIP	Physician	6
	Total				13
Norplant	1	23-27 Sep, 2001	MFSTC	MFSTC	6
	Total				6
Norplant	1	23-27 Sep, 2001	MFSTC	Paramedic	6
	Total				6
Supervision & Quality Management	1	23-27 Sep, 2001	QIP	Field Managers	
	Total				15
CMs TOT	23	Jan-May 2001	BRAC	Community Mobilizers	465
DHs Basic	10	May-Sep 2001	NGOs	Depotholder	59
DHs Refresher	417	May-Sep 2001	NGOs	Depotholder	5,263
Message Development	1	November 2000	BCCP	PM	2
Advances	1	February 2001	BCCP	PM & MO	5
Total					7
Grand Total					6,466

APPENDIX C: AVERAGE DAILY CUSTOMER CONTACT AT STATIC CLINIC, SATELLITE CLINIC AND DEPOTHOLDER

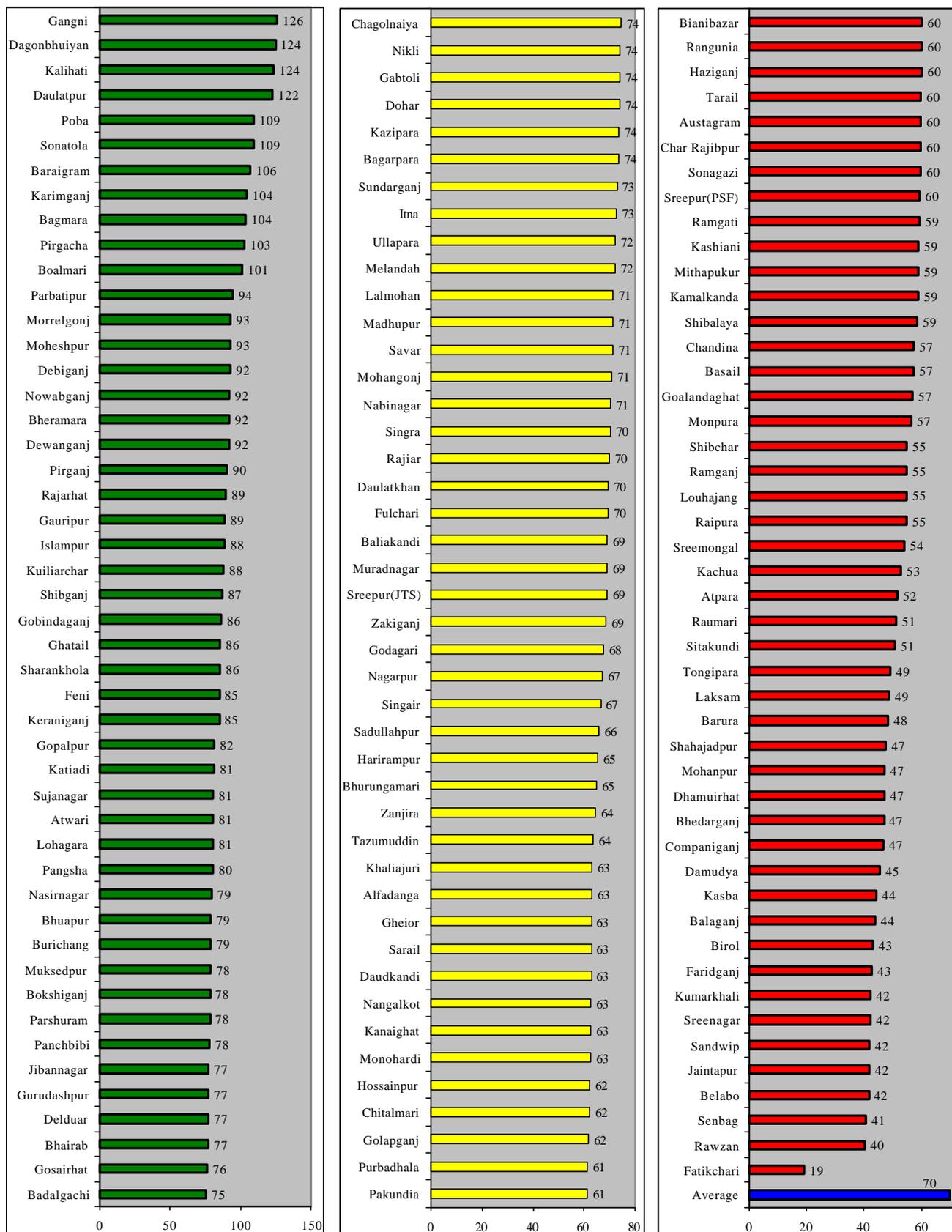
Average daily customer contact at RSDP Static Clinic- September 2001



Average per session customer contact at RSDP Satellite Clinic- September 2001



Average monthly customer contact at RSDP Depotholder- September 2001





আরএসডিপি'র মাঠ পরিদর্শনে এনজিও নেতৃবৃন্দ

ডিসেম্বর ২০০১

সারাদেশে আরএসডিপি'র মাঠ পর্যায়ের কর্মসূচি পরিদর্শনে এনজিও নেতৃবৃন্দ এগিয়ে এসেছেন। ১৮টি এনজিও দেশের প্রায়শঃ ১৩৯টি উপজেলায় আরএসডিপি কর্মসূচির মাধ্যমে পরিবারিক স্বাস্থ্য সেবা প্রদান করে আসছে। এই সেবার আওতায় অভাবশাস্তী সেবা (ইএসপি) সহ সাধারণ নিরাময়যোগ্য রোগের চিকিৎসা দেওয়া হয়।

আরএসডিপি-এনজিওগুলোর কর্ণধার হিসেবে যারা কর্মকর্তা পরিষদে সভাপতি, সম্পাদক, চেয়ারম্যানসহ বিভিন্ন পদে অধিষ্ঠিত আছেন তারা মূলতঃ খেজাসেবী। বিভিন্ন পেশার পাশাপাশি তারা জনহিতকর কাজে নিজেদের নিয়োজিত রেখেছেন। নিজের পেশাগত দায়িত্ব, ব্যবসা-বাণিজ্য ও ব্যক্তিগত কাজের ফাঁকে তারা যখন খেজাসেবী হিসেবে নিজেদের পরিচালিত সংস্থার মাঠ পর্যায়ের কাজ পরিদর্শনে যান তখন মাঠ পর্যায়ের কর্মীরা যেমন কাজে উৎসাহ বোধ করেন, তেমনি সমাজের অন্যান্য মানুষও খেজাসেবামূলক কার্যক্রমে উত্থিত হন। আরএসডিপি-এনজিওসমূহের নেতৃবৃন্দ এ ক্ষেত্রে উল্লেখযোগ্য ভূমিকা পালন করছেন।

স্বনির্ভর বাংলাদেশ

স্বনির্ভর বাংলাদেশ ৩৬টি উপজেলায় আরএসডিপি কর্মসূচি বাস্তবায়ন নিয়োজিত। এই সংস্থার মহাসচিব জনাব সালাহ উদ্দিন আহমেদ বাংলাদেশ সরকারের প্রতিরক্ষা সচিব হিসেবে অবসর গ্রহণ করেন। তবে চাকুরী থেকে অবসর নিলেও কর্মজীবন থেকে তিনি অবসর নেননি। জোলা, মনপুরা থেকে মধুপুর, আটোয়ারীসহ সকল কর্ম এলাকায় তিনি ঘুরে ঘুরে মাঠ পর্যায়ের কর্মসূচি পরিদর্শন করেন, পরামর্শ দেন কীভাবে কাজ আরো সাফল্য আনা যায়, কর্মীদের উৎসাহ দেন নিষ্ঠার সঙ্গে কাজ করার।



ভজুমুদিন উপজেলার ক্লিনিক ভবনের ভিত্তিপ্রস্তর স্থাপন

১৩১ থেকে ২৩১শে মার্চ, ২০০১ পাকফাইটার ইন্টারন্যাশনাল-এর দেশীয় প্রতিনিধি ও আরএসডিপি'র পরিচালক ডঃ মোহাম্মদ আল্লাউদ্দিন এবং স্বনির্ভর-এর মহাসচিব জনাব সালাহ উদ্দিন আহমেদ জোলা জেলার মনপুরা, শালমোহন ও চর ভজুমুদিন উপজেলায় আরএসডিপি প্রকল্প পরিদর্শন করেন। বাংলাদেশের সমুদ্র উপকূলের এই উপজেলাগুলোতে অপ্রতুল স্বাস্থ্য ব্যবস্থার মাকে আরএসডিপি'র পরিবারিক স্বাস্থ্য ক্লিনিক সাধারণ মানুষের স্বাস্থ্য সেবা বিশেষ করে পরিবার পরিকল্পনা এবং মা ও শিশুস্বাস্থ্য সেবার অনেকটা সুযোগ তৈরি করেছে।

পরিদর্শনকালে ডঃ মোহাম্মদ আল্লাউদ্দিন ও জনাব সালাহ উদ্দিন আহমেদ এমের প্রত্যন্ত এলাকায় স্যাটেলাইট ক্লিনিক পরিদর্শনসহ স্থানীয় জনসাধারণ, নেতৃবর্গ ও সরকারী কর্মকর্তাদের সঙ্গে আলোচনা এবং কর্মীদের সঙ্গে কর্মসূচির অগ্রগতি ও সমস্যা পর্যালোচনা করেন।



দৌলতখান উপজেলার ক্লিনিক ভবনের ভিত্তিপ্রস্তর স্থাপন

মনপুরা উপজেলার নির্বাহী কর্মকর্তা, স্বাস্থ্য ও পরিবার পরিকল্পনা কর্মকর্তা, স্থানীয় ইউনিয়ন পরিষদের চেয়ারম্যান ও গণ্যমান্য ব্যক্তিদের সঙ্গে আলোচনাকালে তারা সকলেই আরএসডিপি'র কাজের প্রশংসা করেন।



৮৪ ভজুমুদিন এবং দৌলতখান উপজেলায় প্রকল্প পরিদর্শনকালে ডঃ মোহাম্মদ আল্লাউদ্দিন ও জনাব সালাহ উদ্দিন আহমেদ পরিবারিক স্বাস্থ্য ক্লিনিক ভবনের ভিত্তিপ্রস্তর স্থাপন করেন। চর ভজুমুদিন উপজেলায় ভিত্তিপ্রস্তর স্থাপনকালে স্থানীয় গণ্যমান্য ব্যক্তিদের সঙ্গে উপজেলা পরিবার পরিকল্পনা কর্মকর্তাও উপস্থিত ছিলেন। দৌলতখান উপজেলায় ক্লিনিক ভবনের ভিত্তিপ্রস্তর স্থাপনকালে উপজেলা নির্বাহী কর্মকর্তা, পৌরসভা চেয়ারম্যান, স্থানীয় হাইস্কুলের প্রধান শিক্ষক ও কলেজের অধ্যাপকসহ গণ্যমান্য ব্যক্তিরা উপস্থিত ছিলেন।

শালমোহন উপজেলার আলোচনাকালে উপজেলা স্বাস্থ্য ও পরিবার পরিকল্পনা কর্মকর্তা এবং মেডিক্যাল অফিসার-এমসিএইচ স্বনির্ভর-আরএসডিপি পরিবারিক স্বাস্থ্য ক্লিনিক ও উপজেলা স্বাস্থ্যকেন্দ্রের মধ্যে পারস্পরিক কাজের সমন্বয় ও সহযোগিতা আরো বৃদ্ধির আশাবাদ ব্যক্ত করেন।

পল্লী শিশু ফাউন্ডেশন

পল্লী শিশু ফাউন্ডেশন (পিএসএফ) বাংলাদেশের ২০টি উপজেলায় আরএসডিপি কর্মসূচি বাস্তবায়ন করছে। এই সংস্থার সভাপতির দায়িত্ব পালন করছেন প্রাক্তন এম পি, হুফেরা এম এস আকবর। তিনি দেশে-বিদেশে একজন সনামধন্য শিশু চিকিৎসক। দেশের রাজনৈতিক অস্থিরতার সময়ে পদচ্যুত। রাজনীতি ও চিকিৎসা পেশার পাশাপাশি তিনিও ঘুরে



লৌহাঙ্গ ক্লিনিক ভবনের ভিত্তিপ্রস্তর স্থাপন

বেতান বিভিন্ন এলাকায়। মঠ পর্যায়ের কাজে পরামর্শ ও উৎসাহ দিয়ে কর্মীদের উদ্বীষ্ট করেন।

পল্লী শিশু ফাউন্ডেশনের যুগ্ম মহাসচিবের দায়িত্ব পালন করছেন ডঃ মেসবাহ-উল-করীম। বাংলাদেশ আর্থিক শক্তি কমিশনের সদস্যসহ বিভিন্ন গুরুত্বপূর্ণ পদে দীর্ঘদিনের কাজের অভিজ্ঞতা রয়েছে তাঁর, রয়েছে দীর্ঘ অভিজ্ঞতা। এমআরটিএসপি-এর নির্বাহী পরিচালক হিসেবেও তিনি দায়িত্ব পালন করেছেন।



লৌহাঙ্গ ক্লিনিক ভবনের ভিত্তিপ্রস্তর স্থাপন



ট্রিনিটির ক্রমিক ডায়েরীর ব্যবহার শিখে নিজে নবনিযুক্ত একচ্ছত্রিতক মনোয়ারা বেগম

গত ২৪শে জুলাই, ২০০১ পঞ্চফাইভার ইন্টারন্যাশনাল-এর দেশীয় প্রতিনিধি ও আরএসডিপি'র পরিচালক ডঃ মোহাম্মদ আল-উদ্দিন, পিএসএফ-এর সভাপতি প্রফেসর এম এম

আকবর ও যুগ্ম মহাসচিব ডঃ মেসবাহ-উল-করীম লৌহজাং ও শ্রীমত পরিবারিক স্বাস্থ্য ক্রমিক পরিদর্শনে যান। দেশের একজন খ্যাতিসম্পন্ন চিকিৎসক ও পিএসএফ-এর প্রতিষ্ঠাতা প্রয়াত ডঃ তোফায়েল আহমদ-এর পৈতৃক বাসভিটার লৌহজাং পরিবারিক স্বাস্থ্য ক্রমিকটি স্থাপিত।

ক্রমিকে পৌঁছে নেতৃবৃন্দ ফিল্ড ম্যানেজার ও অন্যান্য কর্মীদের সঙ্গে কর্মসূচির বর্তমান অবস্থা, স্থানীয় সমস্যা এবং আরএসডিপি'র সাফল্য ও আরো অগ্রগতির পথে কী প্রতিবন্ধকতা রয়েছে তা নিয়ে আলোচনা করেন। তাঁরা কর্মীদের স্থানীয় সমস্যাসমূহে ঠিকঠাক সঙ্গ শোনে এবং কীভাবে সমস্যা সমাধান করে আরো অগ্রগতি অর্জন করা যায় এ বিষয়ে পরামর্শ ও নিক নির্দেশনা প্রদান করেন।

নেতৃবৃন্দ যখন শ্রীমত পরিবারিক স্বাস্থ্য ক্রমিকে গিয়ে পৌঁছেন তখন বেলা অপরাহ্ন। এখানেও নেতৃবৃন্দ আলোচনা করেন সেবাদান কর্মীদের সঙ্গে। কর্মসূচিকে কীভাবে আরো এগিয়ে নেওয়া যায়- এলাকার জনগণকে কীভাবে আরো স্বাস্থ্য সচেতন করা যায়, কীভাবে পরিবার পরিকল্পনা পদ্ধতির ব্যবহার বৃদ্ধি করা যায় এসব বিষয়ে আলোচনা থেকে কর্মীরা পান সুচর্চিত পরামর্শ ও নির্দেশনা।



শ্রীমত ক্রমিকে কর্মীদের সঙ্গে আলোচনা

ডঃ মোহাম্মদ আল-উদ্দিন নিবীড়ভাবে কথা বলেন কর্মীদের সঙ্গে। দু'টি ক্রমিকেই তিনি কর্মীদের হাতে কলমে শিখিয়ে দেন কীভাবে ডায়েরীতে কাজের হিসাব লিখতে হবে, কীভাবে মাস শেষে কর্মী নিজের কাজের অগ্রগতি নিজেই মূল্যায়ন করবেন, কীভাবে নিজের টিমের সাফল্য যাচাই করবেন এবং জিপোহেস্টারদের কাজের মূল্যায়ন করবেন। প্রফেসর এম এম আকবর কর্মীদের আরো নিষ্ঠার সঙ্গে কাজ করার আহ্বান জানান। ডঃ মেসবাহ উল-করীম কর্মীদের কাজে উৎসাহ প্রদান করেন এবং মঠ পর্যায়ের তদারকি আরো জোরদার করার জন্য সকলকে আহ্বান জানান।

বামানেহ

গত ১লা আগস্ট থেকে ৭ই আগস্ট ছিল বিশ্ব মাতৃদুগ্ধ পান প্রচারাভিযান সপ্তাহ। এ উপলক্ষে আরএসডিপি'র আওতায় ১০৯টি উপজেলাতেই পালিত হয়েছে বিশেষ কর্মসূচি। বামানেহ-এর বর্তমান প্রেসিডেন্ট ডঃ এ.আই বেগম ও পঞ্চফাইভার ইন্টারন্যাশনালের দেশীয় প্রতিনিধি ও আরএসডিপি'র পরিচালক ডঃ মোহাম্মদ আল-উদ্দিন ৭ই আগস্ট গিয়েছিলেন কুমিল্লা জেলার চান্দিনা উপজেলায় আরএসডিপি কর্মসূচি পরিদর্শনে। ডঃ এ.আই বেগম স্বাস্থ্য অধিদপ্তরের অতিরিক্ত মহাপরিচালক হিসেবে সরকারী চাকুরী থেকে অবসর গ্রহণ করেন। বাংলাদেশ প্রেরী ফিডিং কাউন্সেল, বিশ্বস্বাস্থ্য সংস্থা ও ইউনিসেফসহ বিভিন্ন সংগঠনের সঙ্গে জড়িত থেকেও তিনি সম্প্রতি বামানেহ-এর প্রেসিডেন্ট হিসেবে দায়িত্বভার গ্রহণ করেন।

বিশ্ব মাতৃদুগ্ধ পান প্রচারাভিযান সপ্তাহ উপলক্ষে আরএসডিপি'র আওতায় বাংলাদেশের মত চান্দিনাতেও পালিত হয়েছে বিশেষ কর্মসূচি। এর মধ্যে উল্লেখযোগ্য ছিল আদর্শ মা ও শিশু সমাবেশ এবং আলোচনা সভা। চান্দিনা স্ট্যাটিক ট্রিনিটির কর্মীসমূহের ২৩ জন মাসিহ এলাকার বিভিন্ন গণ্যমান্য ব্যক্তিগণ অনুষ্ঠানে উপস্থিত ছিলেন। প্রফেসর জনাব আব্দুল লতিফ

অনুষ্ঠানের প্রধান অতিথি এবং প্রফেসর জনাব মুহাম্মদ জাসিম উদ্দিন ও স্থানীয় মসজিদের ইমাম জনাব সফিউল্লাহ বিশেষ অতিথি হিসেবে উপস্থিত



চান্দিনা ক্রমিকে আগত মহোদয়ের সঙ্গে কথা বলছেন ডঃ মোহাম্মদ আল-উদ্দিন ও ডঃ এ.আই বেগম

ছিলেন। আলোচনা সভায় বক্তৃতা শিতক মাতৃদুগ্ধ পান করানোর গুরুত্ব ও আমাদের দায়িত্ব বিষয়ে বক্তব্য প্রদান করেন। আলোচনা শেষে উপস্থিত শিশুদের মধ্যে পুরস্কার বিতরণ করা হয়।

অনুষ্ঠানের শেষে ডঃ এ.আই বেগম ও ডঃ মোহাম্মদ আল-উদ্দিন ক্রমিকে আগত শিশুদের মা-বাবা ও অন্যান্য সেবা প্রদানকারীদের সঙ্গে কথা বলেন, জানতে চান তাদের মতামত ও পরামর্শ।

ক্রমিকের কাজের অগ্রগতিও পর্যালোচনা করেন তাঁরা। কীভাবে সেবার মান উন্নত করে সেবা প্রদানকারীদের সন্তুষ্ট করা যায়, বিশেষজ্ঞ দ্রুপ ফাউন্ডেটর উষ্মের ব্যবহার কীভাবে বাড়ানো যায়, ক্রমিকের আয় বাড়ানোর জন্য কীধরনের পদক্ষেপ নেওয়া যায়, ডায়েরী ব্যবহার করে কীভাবে নিজ নিজ কাজের মূল্যায়ন করা যায় এসব বিষয়ে তাঁরা কর্মীদের সঙ্গে আলোচনা করেন।



চান্দিনা ক্রমিকের কর্মীদের সঙ্গে কাজের অগ্রগতি ও সমস্যা পর্যালোচনা

জাতীয় তরুণ সংঘ

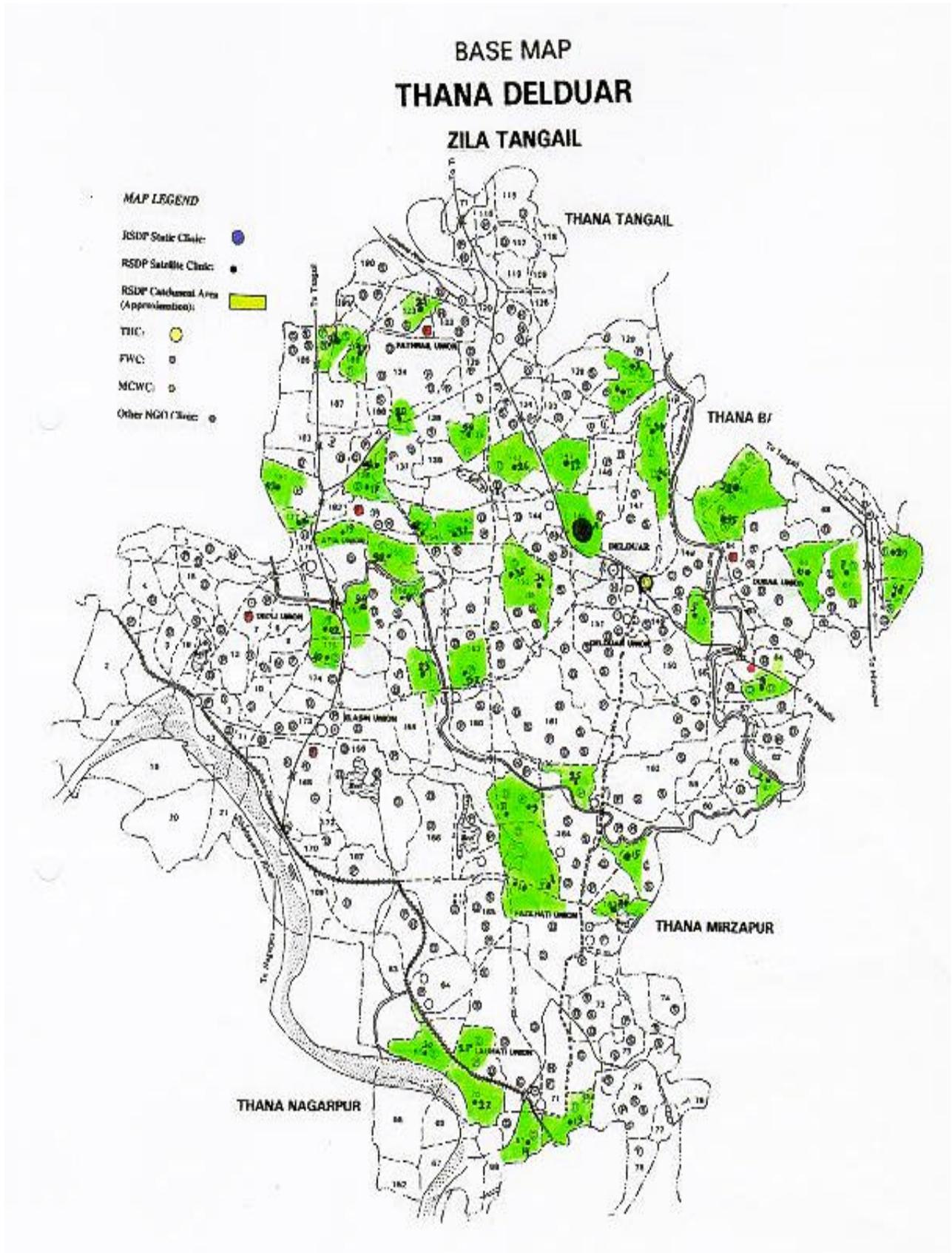
জাতীয় তরুণ সংঘ (জোটএস) দেশের ২১টি উপজেলায় আরএসডিপি কর্মসূচি ব্যস্তবায়ন করছে। এই সংগঠনের চেয়ারম্যান জনাব মোহাম্মদ ফজলুল হক আঞ্চলিকভাবে পরিচিত একজন সমাজসেবী। জাতীয় তরুণ সংঘের প্রতিষ্ঠাতা তিনি। এছাড়াও বেশ কিছু সংস্থার সাথে তিনি জড়িত রয়েছেন। ১৯৮৭ সালে জেসিস ইন্টারন্যাশনাল তাকে বিশ্বের শ্রেষ্ঠ সমাজকর্মী হিসেবে স্বীকৃতি প্রদান করে।

গত ১৩ ও ১৪ই আগস্ট, ২০০১ পঞ্চফাইভার ইন্টারন্যাশনাল-এর দেশীয় প্রতিনিধি ও আরএসডিপি'র পরিচালক ডঃ মোহাম্মদ আল-উদ্দিন এবং জাতীয় তরুণ সংঘের চেয়ারম্যান জনাব মোহাম্মদ ফজলুল হক রক্তশাহী জেলার মোহনপুর, বাগমারা ও পবা উপজেলা আরএসডিপি প্রকল্প পরিদর্শন করেন। শত কর্ম ব্যস্ততার মাঝেও তাঁদের এই সফর উত্তরমঙ্গলের পরিবারিক স্বাস্থ্য ক্রমিকের কর্মীদের মনে উৎসাহের সঞ্চার করেছে। এইসব ক্রমিক পরিদর্শনকালে তাঁরা সেবাদান কর্মী ও স্থানীয় লোকজনদের সাথে মত বিনিময় করেন। ক্রমিক ও সেবার মান বাড়ানোর জন্য তাঁরা তাত্ক্ষণিকভাবে পরামর্শ ও সিদ্ধান্ত প্রদান করেন।

এইভাবে বিভিন্ন সংস্থার নেতৃবৃন্দ মঠ পরিদর্শনে গিয়ে আরএসডিপি কর্মসূচিকে আরো গতিশীল করে তুলছেন। প্রাথমিক স্বাস্থ্য সেবায় আরএসডিপি'র পরিবারিক স্বাস্থ্য ক্রমিকসমূহ এনজিও নেতৃবৃন্দের সহযোগিতায় আরো গতিশীল হটক এটাই আমাদের প্রত্যাশা।

প্রতিবেদন রচেন ইমিন আমেনেহ বস্তু, টেকনিক্যাল অফিসার-কিউসি

APPENDIX E: SAMPLE OF RSDP UPAZILA MAP





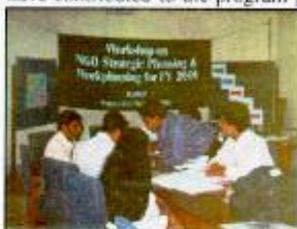
RSDP CALL TO ACTION

Volume 3, September/October 2000

"RSDP PROGRAM PRIORITIES FOR FY 2001"

Introduction

RSDP and RSDP NGOs have recently developed their workplans for the next year of the program, through a process of consultation across various levels. In combination with the needs and vision of the program over the next year, findings from a number of studies including the Baseline Survey, DHS 1999-2000, Rapid Assessments, service delivery statistics and program implementation experience have contributed to the program priorities for the upcoming year.



RSDP Field & NGO Managers reviewing program priorities for FY 2001 workplanning

This Volume of "RSDP Call to Action" is dedicated to reviewing RSDP's Program Priorities for FY 2001. As a constant reminder to the Managers at different levels of the program, priorities are presented, by Intermediate Result, below.

Intermediate Result 1: Increased use of the Essential Services Package among target populations

- Expand provisions of clinical contraception
 - Up-scale selected static clinics to offer NSV, either with trained NGO staff, or in collaboration with GOB. Program includes roving teams & referral
 - Up-scale selected satellite clinics to offer IUD
 - Strengthen referral linkage for Norplant
 - Train one clinic aide per Upazila on injectable administration
- Expand and improve Child Health services
 - Ensure that EPI supplies and services are in all RSDP sites and increase the number of sites offering self-EPI
 - Continue to support polio eradication in collaboration with GOB and IOCH and train depot-holders to become informants for AFP
 - Link all static clinics with a referral plan for Plan C diarrhea, pneumonia and other serious complications
- Expand provision of Maternal Health Services
 - Expand safe delivery services at select clinics
 - Increase knowledge and action on pregnancy risks through BCC activities
 - List and follow-up pregnant women to ensure ANC visits, iron supplementation, TT immunization and postpartum services
 - Develop a strategy for post-abortion care
- Undertake nutrition counseling in RSDP clinics
- Expand and improve ESP services for adolescents, including services for newlyweds, improved RTI/STD services, increased HIV/AIDS prevention and design a measurable program for unmarried adolescents
- Strengthen STI & HIV/AIDS services with in-service training and targeted BCC activities
- Providers at both the clinic and community level must ensure that **NO SINGLE** opportunities to offer additional services to clients are missed

Intermediate Result 2: Increased knowledge and changed behaviors related to health problems

- Develop and implement BCC IEC campaigns that increase awareness and popularize RSDP clinics, clinic services, quality and cost thereof
- Create awareness among the clients and community about the payment, subsidy and credit for services
- Increase monitoring of BCC activities

Intermediate Result 3: Improved quality of services

- Increase use of QA and COPE data and QMIS for action decisions to improve quality
- Comply with QA guidelines, recommendations and training
- Focus training on counseling and follow-up
- Provide refresher training to service providers and ensure a full complement of trained staff
- Track and follow-up dropouts and discontinuing users
- Provide refresher ESP training for DHs to improve the number of referrals

Intermediate Result 4: Improved management of service-delivery organizations

- Enhance and use strategic planning skills to develop workplans
- Use assessment, evaluation and service delivery data for decision-making, performance monitoring, logistics management, feedback, and evaluation
- Use Family Registration and mapping data for local planning to ensure full coverage of target groups
- Ensure uninterrupted supplies of contraceptives, logistics and RDF medicines
- Comply with financial management guidelines
- Analyze and present performance in semi-annual and annual reports

Intermediate Result 5: Increased sustainability

- Better management of implementation of fee-for-services policy
- Create public awareness about the policy of fee-for-services and make credit and subsidy systems transparent
- Explore new customer bases for ESP, such as day laborers and van drivers

Follow-Up Program Actions

RSDP-NGOs and Upazilas incorporated these program priorities into their workplans for FY2001. They should ensure that the priority actions are implemented and measurable outputs are achieved to fulfill the priorities. Various sources of data, such as service statistics, QA reports and RSDP-wide assessments, can be used to continuously monitor progress towards meeting all FY2001 program priorities and covering 100% of our target populations.

For more information contact: Mohammad Alauddin, PhD
Country Representative and RSDP Chief of Party
House 15 Road 13-A
Dhanmondi-1209 Dhaka Bangladesh
Tel: (880-2) 811-0727-9, Fax: (880-2) 811-3048,
E-mail: MAlauddin@pathfmd.org



RSDP CALL TO ACTION

Volume 4, January/February 2001

"FINDINGS FROM THE SECOND ROUND OF QUALITY ASSURANCE (QA) VISITS"

Introduction and Methods

RSDP-QIP Quality Assurance (QA) Teams have completed the 2nd Round of QA visits at 112 RSDP clinics. QA visits to all 175 clinics will be completed by March 2001. The main focus of this round is to measure and institutionalize Quality Assurance in NGOs. In an effort to transfer skills to the NGOs, the 2nd Round of QA visits are being conducted through two-step visits. In the first step, the NGO Monitoring Officer (QA) makes a daylong visit alone and completes a part of the assessment using Checklist Part A. In the second step, the full QA Team, including one QIP professional, TA Unit Technical Officer (QA) and NGO Medical Officer, assesses the remaining QA indicators, using Checklist Part B.

RSDP has compiled and analyzed the QA findings from all 112 clinics. The status of quality has been assessed under 12 broad QA indicators, which are listed in the graph below. The score for any indicator ranges between 0 to 100, with 50 being the cut off point to be considered 'acceptable compliance' with service delivery standards. The score is calculated as an average of all observations under each QA indicator, with all observations carrying equal weight.

Findings

The graph below shows the percentage of RSDP clinics that meet 'acceptable compliance' (score between 50 and 100) on the 12 quality indicators. The analyses reveal that addressing 'missed opportunities,' referral and follow-up and rational drug use are three areas that need improvement for many RSDP-NGOs.

Follow-up Program Actions

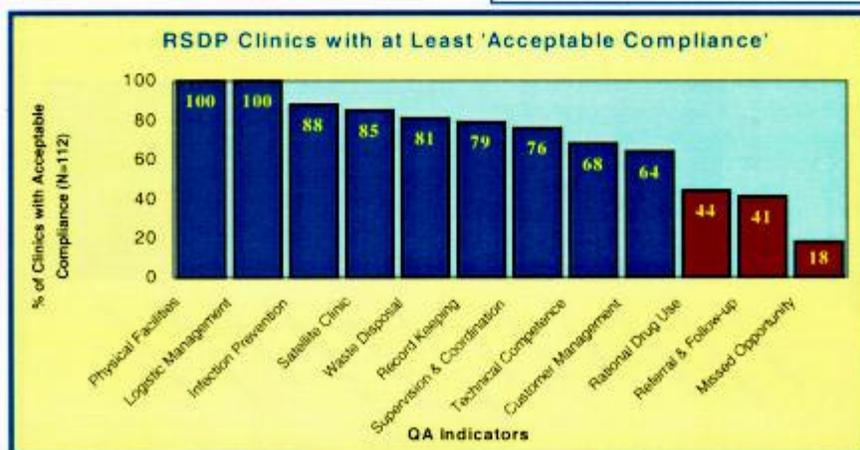
- All clinics should be using referral slips.
- Clinics should maintain a list of referred customers, the reason for referral and the location

to which they were referred. The list should be used for follow-up;

- Service providers need to follow standard prescription writing procedures, found in the MTP Module and ESP Essential Drugs Booklet. For example, the findings of the physical examination, diagnosis and dosage schedule of prescribed drugs must be recorded;
- Service providers need to counsel clients about the drugs they prescribe, for example, when and how long to take the drug, possible side effects and side effect treatment;
- Clinic staff should promote 'one stop shopping' to clients to decrease the number of missed opportunities. All clients should be informed about the variety of services available when they visit an RSDP clinic.

NGOs set Upazila-specific QA goals and incorporated them into their FY 2001 Workplans. The NGOs are committed to achieving 'acceptable compliance' with all QA indicators that they could not meet in the previous year and maintaining and improving those already having 'acceptable compliance' during FY 2000. To ensure this process, the RSDP Field Managers and service delivery teams will implement all QA Visit Recommendations. In addition, NGO Monitoring Officers (QA) and Project Managers will review each of the completed QA Checklists, identify the requirements of each individual clinic and provide necessary technical assistance and follow-up.

For more information contact: Mohammad Alauddin, PhD
Country Representative and RSDP Chief of Party
House 15 Road 13-A
Dhanmondi-1209 Dhaka Bangladesh
Tel: (880-2) 811-0727-9, Fax: (880-2) 811-3048,
E-mail: MAAlauddin@pathfind.org





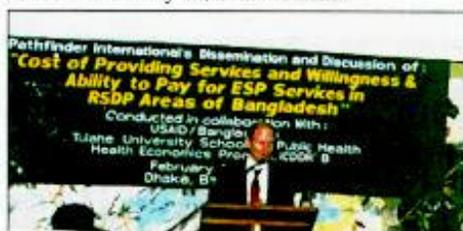
RSDP CALL TO ACTION

Volume 5, February/March 2001

"COST OF PROVIDING SERVICES AND WILLINGNESS TO PAY FOR ESP SERVICES"

Introduction and Methods

RSDP, in collaboration with Tulane University School of Public Health, ICDDR'B Health Economics Program and USAID/Bangladesh, conducted a study on the cost of services at RSDP clinics and the willingness and ability of potential customers to pay for ESP services. The current study involved 2 surveys in RSDP areas. The first survey collected information on the cost of providing ESP services and the second survey collected data from households in RSDP catchment areas to determine health seeking behavior, knowledge about benefits, availability and cost of health care and willingness to pay (WTP) for health services and supplies. 18 RSDP static clinics were randomly selected for inclusion in the study, and 4 satellite clinics were randomly selected from these 18 Upazilas. Data collection took place from February-May 2000 and results were disseminated to RSDP NGOs and TA Units on February 12, 2001 in Dhaka.



Mr. Neil Woodruff, USAID/Bangladesh, addressing the dissemination participants

Selected Findings and Follow-Up Program Actions

1. Increase awareness among staff about the cost of running the clinics and increase awareness about the costs of providing specific services to staff and customers. The unit costs of RSDP services, which include overhead, personnel and international rates for actual supply costs, are listed below:

Service	Overhead & Personnel	CHF price: drugs/FP supplies	Total cost of service
Pill	28.8	9.5	Tk. 38.3
Condom	34.6	11.4	Tk. 46.1
Injectable	36.4	39.0	Tk. 75.4
IUD	64.9	23.2	Tk. 88.1
ANC	74.6	11.1	Tk. 85.7
Gen. Health	56.2	53.9	Tk. 110.2
Child Health	50.9	21.0	Tk. 71.9
Immunization	23.5	13.2	Tk. 36.7
RTI/STD	82.7	61.9	Tk. 144.6

These unit costs can be used to promote the current prices for services, by informing staff and clients that the fees charged at RSDP clinics are nominal compared to the total cost of providing these services and supplies. The personnel and overhead costs are consistently higher than the cost of drugs and supplies and will decrease if customer flow increases in the clinics.

- Undertake aggressive BCC campaigns to increase knowledge about:
 - The location of RSDP SDPs and services available
 - In-depth knowledge of the importance of ESP services, such as at least 3 ANC visits per pregnancy and 5 TT shots for lifetime protection
 - The cost of services and quality of RSDP services
- Expand coverage so that 100% of target populations receive services. For example, increase coverage so 100% of children under 1 are immunized, all children under 5 receive Vitamin A and all pregnant women go for at least 3 ANC visits. There is scope for expanding curative care coverage for children under 5, as currently only 2.7% of children receiving curative care obtained services from RSDP.
- When asked where FP services are available in the area, 63% of women named RSDP. Less than half (48%) of women using FP in the survey got their services and supplies from RSDP. 35% of pill and condom users received supplies from RSDP, while 80% of injectable users obtained services from RSDP. 24% of women who used IUD went to RSDP for services. Only 2.3% of people seeking curative care went to an RSDP clinic for treatment. RSDP needs to focus its efforts to ensure that RSDP service delivery points are the DOMINANT source of ESP services.
- Average WTP for FP was Tk.8.5, but about Tk.7 for the poorest economic category. 37% of FP users said they got their last FP service for free, and for those who paid, the average payment was about Tk.4.4. Average WTP for under-5 curative care was Tk.60 and Tk.200 for over age 5 curative care. Since results show that people who have paid for ESP services in the past are often willing to pay slightly more for the same services, RSDP's present focus is on encouraging more clients to pay the current nominal price for services. In this way, higher revenues are generated without an increase in price.
- Provider observation in the static clinics revealed that full-time physicians spend 24% of their time with patients and 20% of their time doing other professional work and part-time physicians spend 47% with patients and 17% doing other work. At the static clinics, paramedics spent 27% of their time with patients and 42% doing other professional work. Improved community mobilization and an increased number of referrals will increase customer flow and improve the efficient use of service providers.

For more information contact: Mohammad Alauddin, PhD
Country Representative and RSDP Chief of Party
House 15 Road 13-A
Dhanmondi-1209 Dhaka Bangladesh
Tel: (880-2) 811-0727-9, Fax: (880-2) 811-3048,
E-mail: MAlauddin@pathfind.org

