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RSDP Annual Report

October 1998 to September 1999

Rural Service Delivery Partnership

Cooperative Agreement

No. 388-A-00-96-90024-00

Pathfinder International

in partnership with

BRAC & BCCP

November 1999

A

TABLE OF CONTENT

	PAGE
I. EXECUTIVE SUMMARY.....	01
II. BACKGROUND OF RSDP AND ITS UTILIZATION OF SERVICE DELIVERY POINTS	04
III. PERFORMANCE ANALYSIS ON NIPHP INDICATORS	07
IV. PROGRESS OF THE IR ACTIONS.....	14
V. ADMINISTRATIVE ACTIONS.....	16
VI. ISSUES NEED TO BE RESOLVED	19
VII. COLLABORATION WITH GOB.....	20
VIII. CUSTOMER FEEDBACK	23
IX. LIST OF MANUALS, REPORTS AND PROTOCOLS	24
X. STAFF TRAINING	25
XI. SUPERVISION, MONITORING AND EVALUATION	29
XII. LESSONS LEARNED IN IMPLEMENTING THE WORKPLAN	31
XIII. DESCRIPTION OF THE SPECIAL INITIATIVES	32
XIV. SUCCESS STORIES	33
XV. BCC ACTIVITIES.....	37
XVI. ACHIEVEMENT OF MAJOR LONG-TERM OBJECTIVE	42
XVII. PIPE LINE ANALYSIS	43

Attachments

- A. RSDP Monthly Performance Report of September 1999*
- B. Detail progress towards each of the major actions*

I. EXECUTIVE SUMMARY

This is an annual report on the activities and accomplishments of the Rural Service Delivery Partnership (RSDP), supported by the Cooperative Agreement No. 388-A-00-96-90024-00 with USAID/Dhaka, covers the period from October 1998 to September 1999. The activities, accomplishments and trends in progress, reported here, relate to RSDP's contribution to the achievement of the strategic objectives of the National Integrated Population and Health Program (NIPHP).

Dr. M. Alauddin and his colleagues of the RSDP take the opportunity to express their sincere appreciation to USAID/Dhaka for financial commitment and generous support to carry out this important work in Bangladesh.

Pathfinder continued to provide sub-grants to 16 NGOs and two sub-contracts – one with BRAC and another with BCCP. BRAC signed two sub-grants with NGO on behalf of RSDP.

As planned, RSDP NGOs have set up 175 static clinics, 6,956 (out of 7,356) satellite clinic spots and 8,807 depots. RSDP NGOs employed 2,334 full time staff (including 607 BRAC staff) for four different tiers – NGO coordinating offices, thana, union and village levels. In addition to full time staff, there are 8,807 volunteer depot-holders who offer limited ESP services at the village level.

The RSDP has acquired infrastructural, staff capability and quality standards to deliver ESP - 175 clinics are fully functional – 164 of them received approval from DG/FP, 3 received recommendation from DTC while the rest 8 clinics have been visited by the members of the DTC and its recommendation is in the process.

During this period, RSDP made significant efforts to design, develop and implement a number of training programs to increase the skills of the NGO service providers and Managers on different aspects of ESP. RSDP, in collaboration with QIP, designed and conducted five-day training program on supervision and quality management. 224 NGO staff have already received this training. RSDP provided child survival training to 530 FWV/Paramedics through six training institutes. In addition, 405 FWV/paramedics received CMT and another 300 FWV/Nurses received training on other Reproductive Health.

RSDP has provided special attention to make the depot-holders fully functional. Out of 8,807 DH, 7,591 have received basic training in this period -- 86 percent DH received training over the last 12 months of the program implementation. Training for the remaining 1,216 DHs will be completed by December 1999. RSDP introduced honoraria for the depot-holders in this period. The NGO DHs, excepting those from BRAC, receive Taka 200 per month as honoraria. Training and honoraria have significantly contributed to DHs' increased efforts in the implementation of ESP.

Through service delivery networks and staff employed, RSDP served -- 98 percent of its targeted population - 10.8 million people, 2.15 million eligible couples, 326,000 pregnant women, 291,000 children under one and 1.4 million children of under five.

Over the last 12 months, a total of 4.6 million customers made 5.3 million service contacts at RSDP service delivery points. The average service contacts were 446,247 per month. The monthly average number of customers received services were 387,494 -- 132 percent higher than last year.

Of the services delivered, more than half relate to family planning, nearly one-fourth to child health, roughly one-sixth to general health and one-tenth relate to maternal health and other reproductive health services including STD/RTI.

During the year, RSDP, on average, distributed 186,969 cycles of pills per month – 84 percent more than the average monthly distribution of the previous year. Condom distribution increased by 178 percent from 133,158 pieces to 369,742 pieces. Injectables use increased by 164 percent from 11,743 doses to 31,034 doses and IUD acceptance increased 191 percent from 167 to 487 per month.

RSDP achieved 82 percent of annual objective for pill, 142 percent for condom, 133 percent for injectable and 103 percent for IUD. During this period, a total of 399,210 customers received family planning supplies and services from RSDP service delivery points; 34 percent of the customers were clinical method users and the remaining 66 percent were non-clinical method users. Of the family planning customers, 12 percent were male method (condom) users, which was 10 percent in the previous year.

In addition to direct services, RSDP referred 35,792 clients for Injectables, 2,168 for IUDs, 1,755 for Norplants and 2,406 for Sterilization to the nearest government or NGO facilities.

RSDP clinics provided counseling and treatment of contraceptive side effects to 30,620 customers. Of the customers who received services for side effects, 55 percent were Pill users, 41 percent Injectable users and the remaining 4 percent were IUD users.

It is estimated that there were 325,965 pregnancies in the RSDP areas. Of them, 29 percent came to RSDP service points for 1st ANC visit, 25 percent for 2nd visit and 14 percent came for 3rd ANC visit in this period. After delivery, 27,710 mothers came for first PNC visit and 19,471 came for revisits. RSDP provided TT2+ to 112,673 pregnant women meaning that 35 percent of the pregnant women completed immunization by the RSDP initiatives.

Of the 291,426 children under one year of age in the RSDP NGO areas, 90,950 children received BCG, 92,047 received DPT-1, 87,760 received DPT-2, and 82,267 received DPT-3 and 82,596 children received polio-4. Also RSDP provided 87,579 children with measles vaccination. Moreover, 52,885 children under one received 1st dose, 37,090 received 2nd and 47,847 3rd dose of Vitamin-A.

Of the 1.4 million children less than 5 years of age in the RSDP areas, 363,805 received ORS for diarrhea, 31,284 received treatment for dysentery, 16,829 received treatment for ARI and additional 61,804 children received treatment for common cold.

RSDP clinics provided STD/RTI services to 28,605 customers - 26,654 females and 1,951 males.

RSDP continued to focus on newlywed couples as a special group in the new service delivery design. RSDP NGOs organized 3,112 orientation meetings where 23,579 congratulatory letters, signed by the honorable Minister, Ministry of Health and Family Welfare, were distributed to the newlyweds.

RSDP supported BRAC to run 175 “Kishor-Kishori” schools. Through these schools, a total of 20,300 adolescents were exposed to FLE program. In the newlywed orientation meetings, adolescent boys and girls also attend.

RSDP Through BCCP contributed substantially to the development of the national BCC strategy and HIV/AIDS BCC strategy implementation plan for Bangladesh.

With regard to sustainability goals, the NGOs recovered and shared 9 percent of their operating cost – 5 percent through fees and service charges and 4 percent through community cost sharing. Out of 171 Thanas 167 have introduced revolving funds using revenues generated in the last FPHSP program.

RSDP played a key role, along with QIP, in developing RTI/STD and Maternal Health Service Delivery Standard and Technical Guidelines, Standard Treatment Guidelines, Rational Drug Use Curricula and in conducting both RDU and RDF training. RSDP worked with ORP in identifying OR topics and in developing and reviewing data collection instruments. RSDP also collaborated with other NIPHP Partners for cross over activities.

The RSDP's ability to respond quickly and effectively was most apparent during the flooding. The RSDP NGOs formed emergency medical teams, distributed oral rehydration salts (ORS) and medicines among the flood affected people. In addition, high protein biscuits were provided to the flood affected pregnant mothers during their 2nd trimesters as supplementary food. This resulted in greater utilization of ANC services. Moreover, RSDP developed and distributed a leaflet containing messages on diarrhea, ARI and Scabies among the flood affected people of 157 Thanas.

The RSDP service delivery design has been found to be working well. RSDP is happy to see the encouraging response from the community in seeking services from different service delivery points. There is strong evidence of increasing customer flow in all of the three types of service delivery points. Customer flow will further improve as community mobilization work progressively intensifies and ESP role out is fully in place.

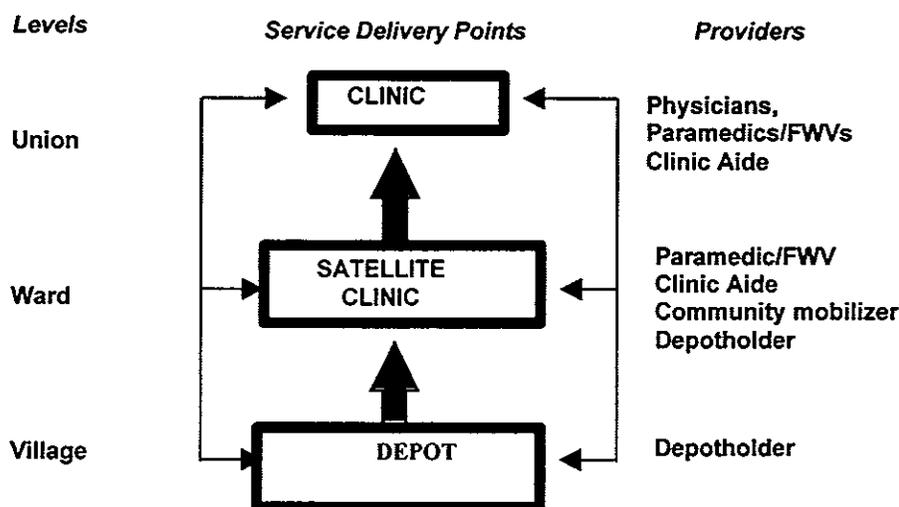
RSDP is on its track to long term vision of increasing access of high impact, high quality ESP to low performing, geographic areas and segments of underserved target groups, creating well focused community and health seeking behavior among families, NGO capability building and their strong organizational relationship with GOB, and private sector towards programmatic and financial sustainability.

II. BACKGROUND OF RSDP AND ITS UTILIZATION OF SERVICE DELIVERY POINTS

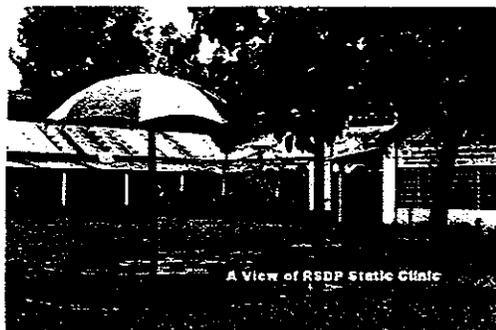
In August 1997, RSDP began implementation of the service delivery shift from door-to-door to fixed service delivery points. At that time, measured in terms of family planning, maternal and child health performance indicators, 96 thanas were classified low performing, 73 high performing and the remaining two were STD/RTI high-risk thanas. The 19 RSDP NGOs implement ESP of Health and Population Sector Program (HPSP) in parts of these 171 (out of 409) rural thanas. Seven of the 19 NGOs collaborate with other 15 NGOs at grass roots level.

As is seen in **Figure 1**, the RSDP NGOs deliver ESP through a three-tiered structure at Thana and below. The bottom tier provider is the Depotholder, the second is Satellite Clinic and third is Static Clinic.

Figure 1: RSDP Service Delivery Structure



Static Clinics: As planned for the year, RSDP completed set up of 175 static clinics at the end of 1999-workplan period. The GOB policy requires District Technical Committee (DTC) approval for setting up clinics to offer clinical services. Out of 175 clinics, the NGOs have so far obtained approval for 164 clinics (including this year's approval of 50 clinics) from the DG/FP. Of the remaining 11, 3 clinics have obtained DTC recommendation while another 8 clinics have been visited by the members of the DTC and their recommendation is in the process.



The client flow in the static clinics is increasing. During September 97 - September 98, static clinics served a total number of 240,622 customers which has increased to 501,117 in October 1998 - September 1999 period - 108 percent increase over the previous year.

In order to increase the availability of EPI, RSDP worked together with EPI Officials and IOCH staff to integrate EPI services in NGO static and satellite clinics. As of September 1999, RSDP was successful in

offering EPI services in 98 static clinics – in 55 through GOB-EPI staff coming to NGO sites and in 43 through NGOs themselves with EPI logistics obtained from the GOB.

During the year, as per roll out plan, RSDP static clinics were not equipped to offer services for sterilization and contraceptive related major complications and EOC. RSDP NGOs refer such cases to the nearby Thana Health Complexes, Maternal and Child Health Centers, and other NGO facilities. During the reporting period, RSDP referred a total of 42,121 customers - 2,406 for Sterilization and 1,755 for Norplant to these facilities.

Satellite Clinics: To ensure availability and accessibility of ESP at the community level, RSDP planned to organize 7,356 satellite clinics per month. During the reporting period, RSDP organized, on average,



6,959 satellite clinics per month, achieving 95 percent of the annual objective. This performance is almost two times higher than than monthly average of 3,605 satellite clinics per month in last year. During September 1997 - September 1998, satellite clinics served 816,426 customers which increased to 1,614,542 customers in October 1998 – September 1999 period – 98 percent increase over the previous year.

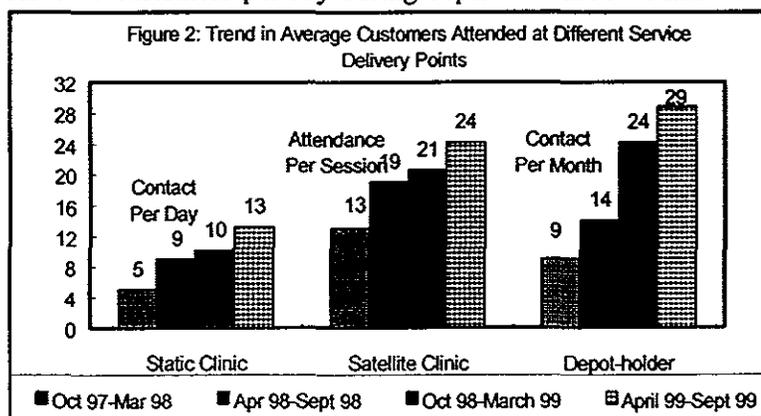
Last year, 1,029 satellite clinics offered EPI services; this year 3,989 points offer EPI – 287 percent increase of availability of EPI in RSDP areas over the previous period. Of the 3,989 satellite clinics that offered EPI, 3,838 satellite clinics were merged with GOB EPI centers and the rest 151 satellite clinics offered EPI through NGOs' own providers.

Depot-holders: RSDP NGOs recruited 8,807 depot-holders out of planned 8,983 depot-holders. Achievement is 98 percent of the objective. During last year, depot-holders served a total of 1,117,358



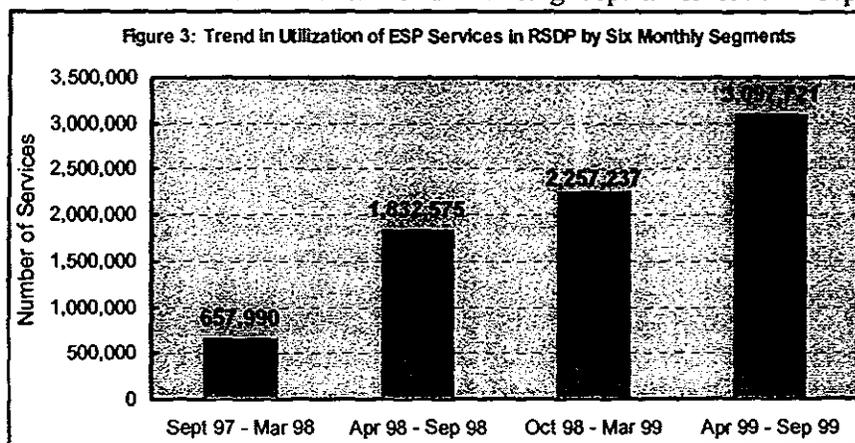
customers which increased to 2,534,264 customers during this year. This reflects nearly 127 percent higher number of customers served over the previous period by the depot-holders.

It has been observed that as community mobilization activities intensified the client flows in the service delivery points increased. **Figure 2** shows that average client flow in the three types of service delivery points have increased over the performance of the previous period. On an average, static clinic served 5 customers per day during September 1997 - March 1998, which increased to 13 customers per



clinic in the last six months. Similarly, average attendance per satellite clinic increased from 13 to 24 customers while average monthly customer contact per depot-holder increased from 9 to 29. Completion of depot-holders' training and introduction of honoraria for them at the rate of Tk. 200 per month during this period, have contributed significantly to their improved performance.

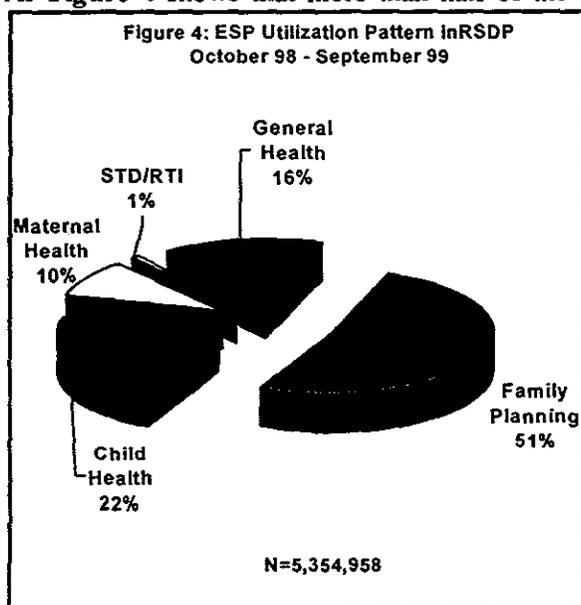
The trend of the utilization of service delivery points seems very encouraging and indicates a great potential for success of the new service delivery paradigm. Figure 3 shows the increasing trend of the utilization of ESP services in RSDP. During September 1997 – September 1999, there is a steady



increase in utilization of services from 3 service delivery points - static clinics, satellite clinics and depot-holders. During first seven month, the number of customer conatcts were only 657,990, which increased to 1.8 million during the second six month, and further increased to 2.2 million during the third six month, and finally increased to 3.1 million during April 1999 –

September 1999 period.

As Figure 4 shows that more than half of the services received relate to family planning, nearly one fourth to child health, roughly one sixth to general health and one tenth relate to maternal health and other reproductive health services such as STD/RTI.



III. PERFORMANCE ANALYSIS ON NIPHP INDICATORS

The outputs achieved by major NIPHP indicators are very encouraging. Table 1 lists serially the different NIPHP indicators and shows baseline, annual performance of year 1, performance of current reporting year (year 2), objectives for year 3 and expected status for the year-5. The Monthly Performance Report for the month of September 1999 is attached in Appendix A.

Table 1: NIPHP Indicators: Objectives and Achievements

SL	Indicators	Baseline ¹	Year-1 Sep 97- Sept 98)	Year-2 (Oct 98- Sept 99) ²	Objective For Year 3 (Oct 99- Sept 00)	Expected Status For Year 5 (Oct 01- Sept 02)
1	Eligible couples in the direct service delivery areas	884,352	1,873,923	2,147,915	2,200,000	2,500,000
2	Contraceptive distribution					
	Pill (monthly)	150,744	101,818	186,969	271,955	353,542
	Condom (monthly)	334,181	133,158	369,742	584,224	759,491
	Injectable (monthly)	9,213	11,743	31,034	51,251	71,751
	IUD Insertion (yearly)	1,114	2,176	5,843	6,719	7,596
	Tubectomy (yearly) ³		42	23	120	314
	Vasectomy (yearly)		5	8	60	164
3	FP Users Referred ⁴					
	Monthly Injectable Ref.	7,522	6,653	2,983	2,684	2,088
	Yearly IUD Ref.	3,218	3,832	2,168	1,951	1,518
	Yearly Norplant ref.			1,755	2,018	2,282
	Yearly VSC Ref.	1,416	2,171	2,406	2,647	2,911
4	Yearly Side-Effect Management:					
	Pill	960	9,211	16,704	15,869	13,488
	Injectable	2,359	5,532	12,601	11,971	10,175
	IUD	604	1,145	1,315	1,249	1,062
5	EPI (annual estimation)					
	Measles dose under < 1	12,292	34,037	87,579	105,095	147,133
	DPT1 dose		38,332	92,047	110,456	154,639
	DPT2 dose		41,764	87,760	105,312	147,437
	DPT3 dose		75,927	82,267	98,720	138,209
	BCG dose		68,740	90,950	109,140	152,796
	NID OPV contacts (Round 1/Round 2)			495,600/ 754,215		
6	Vitamin A dose distributed (NIDs/Vitamin A week)					
	Vitamin A dose distributed (NIDs/Vitamin A week)		47,247	516,633		
	Vitamin A dose distributed outside campaigns			157,431	181,046	235,359
7	CDD (annual estimation)					
	CDD treated under 5 plan A (no dehydration)	4,845	49,273	242,161	242,161	266,377
	CDD treated under 5 plan B (some dehydration)		35,756	121,644	121,644	133,808
	CDD treated under 5 plan C (severe dehydration)					
8	ARI (annual estimation)					
	ARI treated < 5 with Pneumonia		3,599	16,829	20,195	28,273
9	Pregnant received ANC visits (annual estimation)					
	ANC1		67,228	94,087	112,904	158,066
	ANC2	14,587	42,316	81,526	97,831	136,964

¹ Baseline is estimated as an average performance of July-December 1996 of Pathfinder supported CBD program.

² All the indicators are cumulative annual performance except for pills, condoms and injectables. Pill, condom and injectable performance is average monthly distribution of October 1988 – September 1999. However, in all the three cases, performance of September 1999 was much higher than monthly average. In September 1999, RSDP distributed 236,483 cycles of pills, 508,021 pieces condoms and 42,709 doses of injectables.

³ Only one RSDP supported clinic (Sreemangal) perform VSC

⁴ As per RSDP-MIS, referrals refer to outside of RSDP service points.

SL	Indicators	Baseline ¹	Year-1 Sep 97- Sept 98)	Year-2 (Oct 98- Sept 99) ²	Objective For Year 3 (Oct 99- Sept 00)	Expected Status For Year 5 (Oct 01- Sept 02)
10	Pregnant women received TT (annual estimation) ⁵					
	TT1		30,012	63,113	75,736	106,030
	TT2+	11,324	43,676	112,673	135,208	189,291
11	PNC Services (annual estimation)					
	PNC	4,251	24,024	47,181	56,617	79,264
12	STD/RTI cases treated (annual estimation)					
	Female:					
	Vaginitis syndrome	749	6,729	18,274	21,929	30,700
	Other Syndrome		5,286	8,380	10,056	14,078
	Male					
	Urethral Discharge		1,298	1,624	1,949	2,728
13	Genital Ulcer		445	327	392	549
	NGO Cost Recovery					
	Program cost during this period (\$)	2,744,060	3,421,628	4,110,359	4,521,395	5,199,604
	Service Charge (\$)	81,789	89,655	167,730	209,662	356,426
	Profit from Drug Revolving Fund (\$)			33,630	42,038	71,464
	Community Contribution (\$)	626	103,540	164,659	181,125	199,238
	Total program revenue during this period (\$)	82,415	193,196	386,019	432,825	627,128
Percent*	3.0%	5.6%	9	10	12	
14	Number of Static clinics operating			175	190	190
15	Satellite sessions organized per month	288	4,550	6,956	7,356	7,356
	With EPI sessions			3,838	5,149	7,356
	Without EPI sessions			3,118	2,207	0
16	Staffing and % Annual Turnover					
	Paramedics/FWVs (current #/% turnover)			767/ 6%		
	Community Mobilizers (current #/% turnover)			536/		

⁵ Immunization and TT performances of the BRAC facilitation program were integrated with direct service delivery in September 1997-September, 1998 period, which has been separated out in this reporting period.

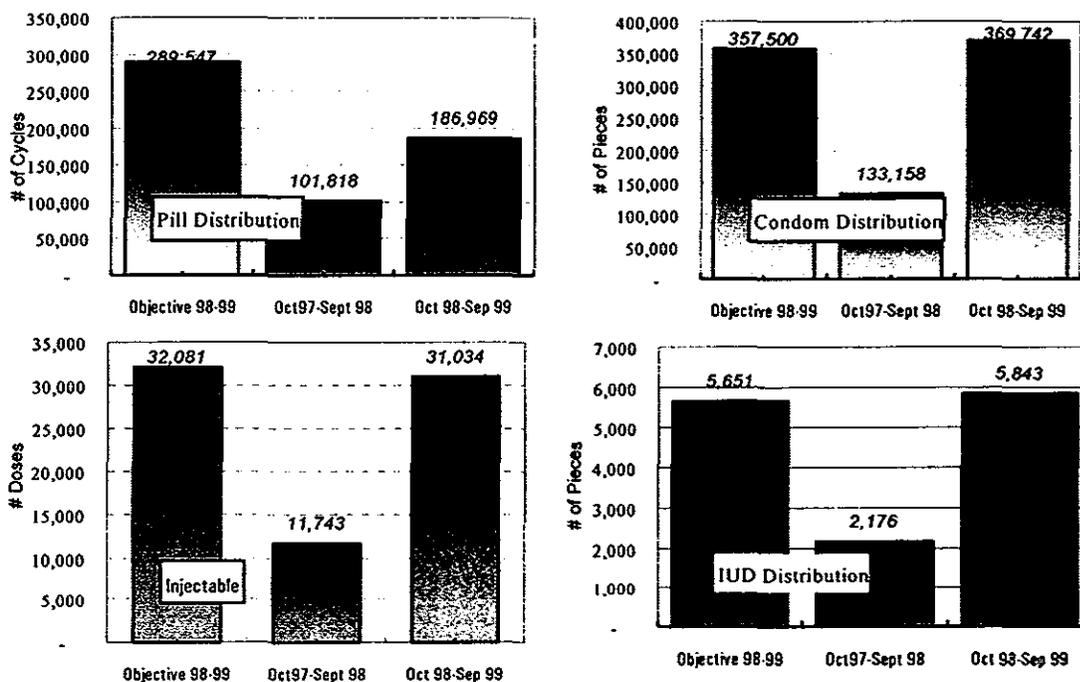
i. ELCOs Covered and Customers Contacted

As of September 1999, RSDP covered 2.14 million ELCOs – very close to the RSDP’s goal of serving 2.2 million ELCOs. In this reporting period, 4.6 million (4,649,923) customers were contacted - 11 percent through static clinic, 35 percent through satellite clinics and remaining 54 percent of contacts were through depot-holders. Of the total customers contacted, 20 percent were males and 80 percent were females compared to 17 percent male and 83 percent female in the previous reporting period.

ii. Family Planning

The distribution of contraceptives from different service delivery points has shown an increasing trend during this period. Figure 5 shows pill, condom, injectables and IUD distribution trends in RSDP. In this

Figure 5: Contraceptive Distributed by RSDP as Against Objective for 98-99



reporting period, RSDP, on average, distributed 186,969 cycles of pills per month -- 84 percent more than the monthly average distribution of the previous year. Condom distribution increased by 178 percent from 133,158 to 369,742 pieces per month. Injectables use increased by 164 percent from 11,743 to 31,034 doses per month and annual IUD acceptance increased by 169 percent from 2,176 to 5,843. In this reporting period 836 customers removed their IUDs through RSDP service providers. RSDP achieved 82 percent of annual objective for pill, 142 percent for condom, 133 percent for injectable and 103 percent for IUD. Of the total pills distributed, 14 percent was from SMC, up from previous year’s 11 percent.

During this reporting period, a total of 399,210 customers received family planning supplies and services from RSDP service delivery points; 34 percent of the customers were clinical method users, up from last year’s 25 percent, and the remaining 66 percent, were non-clinical method users. Of the FP customers, 12 percent were male method (condom) users, which was 10 percent in the previous reporting period.

iii. Referrals

In addition to direct services, RSDP referred a total of 42,121 clients - 35,792 for Injectables, 2,168 for IUDs, 1,755 for Norplant and 2,406 for sterilization, to the nearby government or to NGO facilities. RSDP is in process of preparing referral slip to manage its referral linkage more efficiently and to develop a follow up system for the referred customers.

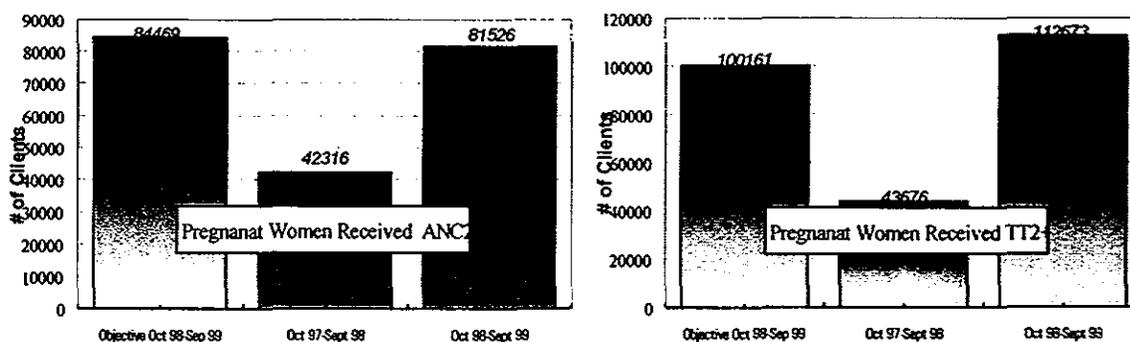
iv. Contraceptive Side-effect

RSDP clinics provided services to 30,620 customers for the management of contraceptive side effects. Of the customers who received services for side effects, 55 percent were for pill use, 41 percent for injectables use and the remaining 4 percent were for IUD use.

v. Pregnancy Care

There were an estimated 325,965 pregnancies in the RSDP areas². Of them 29 percent came to RSDP service points for 1st ANC visit, 25 percent came for 2nd ANC and 14 percent came for 3rd ANC visit.

Figure 6: Maternal Health Services Utilized Compared to the Objective for 1998-99



RSDP provided TT2+ to 112,673 pregnant women. This means that 35 percent of pregnant women completed immunization through RSDP initiatives in this reporting period. TT immunization services were delivered by RSDP NGO static and satellite clinics organized by either RSDP service providers themselves or combined with GOB staff. Figure 6 shows the ANC2 and TT2+ performance trend in RSDP. After delivery, 27,710 mothers came for 1st PNC visit, and 19,471 came for revisits.

RSDP provided ANC2 to 42,316 pregnant women during previous 13 months, which has increased to 81,526 during this reporting period. TT2+ increased from 43,676 to 112,673 for the same period.

vi. Child Health Services

There were an estimated 291,426 children under one year in the NGO areas.³ Of them, 90,950 children received BCG, 92,047 received DPT-1, 877,60 received DPT-2, 82,267 received DPT-3 and 82,596

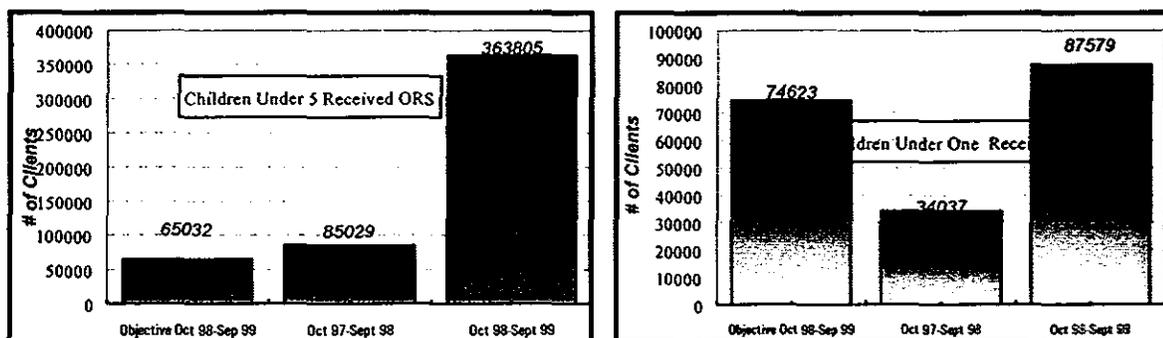
² Number of pregnancy cases estimated from number of live births in the rural area which is 30.2 per 1000 population (DHS 96-97).

³ DHS, 1993-94 estimates that 2.7 percent of the total population are children <1 year.

received Polio-4. Also, 87,579 children received measles vaccinations from RSDP. Moreover, 52,885 children received 1st dose, 37,090 received 2nd dose and 47,847 received 3rd dose of Vitamin-A.

RSDP areas had an estimated 1,392,367 children less than 5 years of age.⁴ Of them, 363,805 received ORS for diarrhea. Of the children who obtained ORS, 242,161 had diarrhea without dehydration and the rest 121,644 children had diarrhea with at least some dehydration. Also, 31,284 under 5 children received treatment for dysentery. Among the children under five, 16,829 received treatment for ARI (pneumonia) and additional children 61,804 for common cold. Figure 7 shows the CDD and measles vaccination trend in RSDP. CDD performance increased more than triple (3.5 times) over the year while measles vaccination increased by 157 percent. In collaboration with GOB, RSDP NGOs distributed Vitamin A capsules to the <5 children on the National Immunization Day held on December 6, 1998. RSDP provided Vitamin A capsule to 402,331 children, which is 36 percent of the total < 5 children in the RSDP areas. Later, in collaboration with GOB, RSDP NGOs distributed Vitamin A capsules to the <5

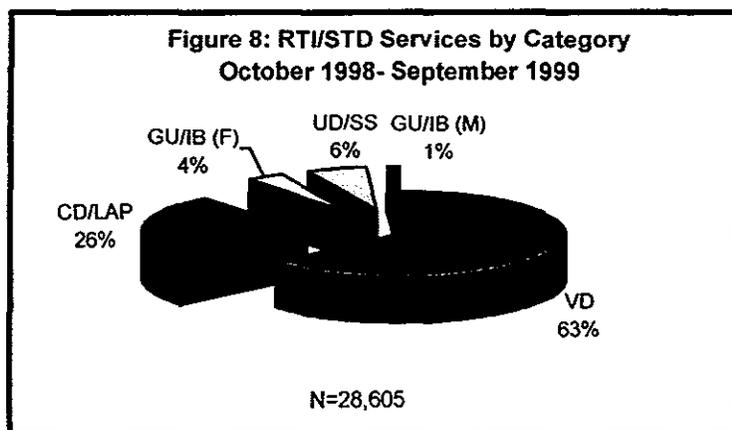
Figure 7: Child Health Services Utilized Compared to the Objective for 1998-99



children on the Vitamin A week held June-July 1999. RSDP provided Vitamin A capsule to 630,935 children, which is 45 percent of the total < 5 children in the RSDP areas.

vii. **Reproductive Health**

RSDP offers STD/RTI services through its static and satellite clinics. For RTI screening, “syndromic management” approach was used. RSDP treated 28,605 customers for STD/RTI – 26,654 were female and 1,951 were male. Figure 8 shows the proportion of STD/RTI cases treated by type of complaints.

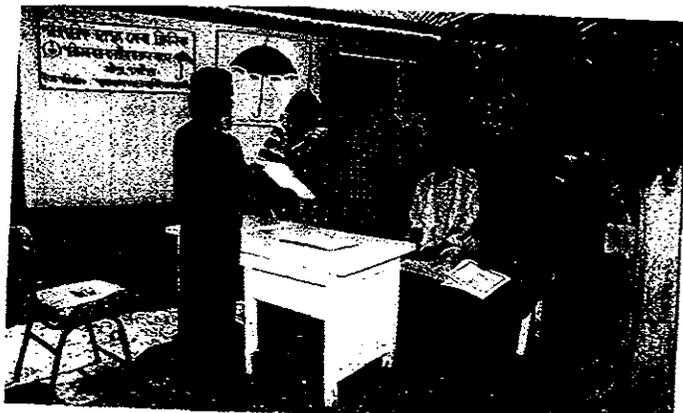


Of the 26,654 female customers with STD/RTI, 18,274 had vaginal discharge (VD), 7,350 had either cervical discharge (CD) or lower abdominal pain (LAP) and the rest 1,030 were with genital ulcer (GU) or inguinal bubo (IB). Of the 1,951 male customers, 1,624 were with either urethral discharge or scrotal swelling and the rest 327 were with genital ulcer or inguinal bubo.

⁴ DHS, 1993-94 estimates that 12.9 percent of the total population are children <5 years

viii. Services to the Newlyweds

RSDP continued to give emphasis on the need for services to the newlywed couples in the new service delivery design. RSDP NGOs organized orientation meetings for the newlyweds to educate them about



their needs and opportunities for utilizing appropriate reproductive services. RSDP developed a guideline on how the NGOs can organize meeting for the newlyweds. During the period, 3,112 orientation meetings were organized where 47,519 participants attended. In, those meetings, 23,579 congratulatory letters, signed by the Honorable Minister, Ministry of Health and Family Welfare, were distributed to the newlyweds. Adolescent boys and girls also attended these meetings. RSDP collected 88,000 additional certificates from the

MOHFW to distribute to, both RSDP and other NGOs who do not have adequate supply of certificates. Pathfinder continues to be the member-secretary for the Working Group on Critically Underserved Population Chaired by Joint Secretary MOHFW.

ix. Services to the Adolescents

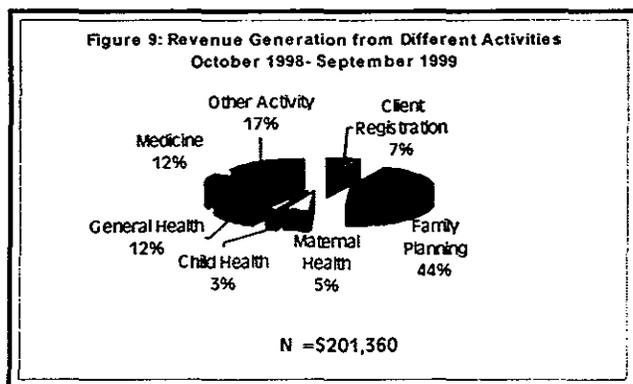
RSDP initiated special activities for the adolescent groups. Pathfinder supported BRAC to run 175 "Kishor-Kishorii" school. family life education (FLE) to the participating adolescents are imparted through these schools. Of the total 20,300 adolescents – 70 percent female and the remaining 30 percent male went through FLE program. The FLE curriculum developed for the "Kishor-Kishorii" schools is now in process of replicating in the High Schools as well. This FLE program has been assessed in this reporting year this year and final report is in process.

x. Community Meetings

The NGO community Mobilizers organized 41,381 meetings where they promoted static and satellite clinics and type of services available in these clinics. On average, 15 persons attended in each meeting. As such, Community Mobilizers could reach a total of 614,763 community people in this period through community contacts.

xi. Revenue Generation

RSDP NGOs initiated various kinds of cost recovery activities ranging from introduction of service



charges for contraceptive supply and services, to setting up of revolving funds. During this period, RSDP NGOs shared and recovered 9 percent, compared to 5.6 percent of last year of their operational cost. They generated \$366,019 as program revenue, of which \$167,730 was generated through service charges and \$33,630 profits from the revolving fund. An amount of \$164,659 was shared by the NGOs as community contribution.

Figure 9 shows proportion of money earned from different type of revenues. As the figure shows, half of the revenues came from family planning activities that include service charges from contraceptives and profit from SMC contraceptive sales. Equal proportion – 12 percent of revenues were earned from selling medicine and general health care services. Seven percent of money was earned from client registration, 5 percent from maternal health services, and 17 percent from other activities.

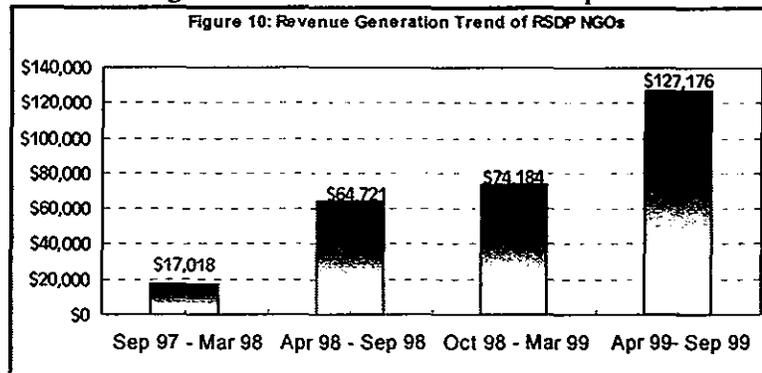
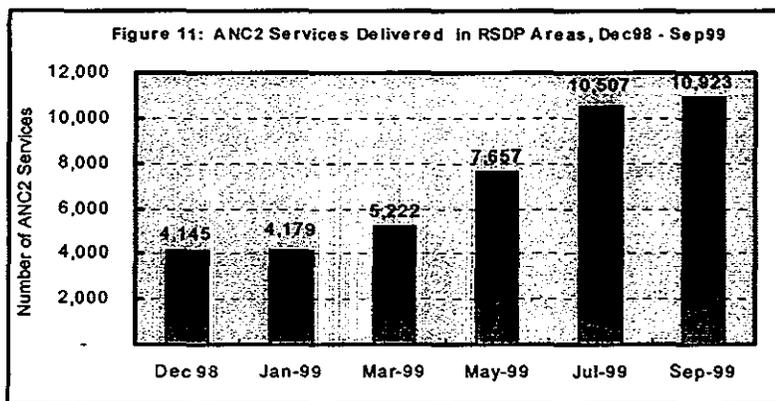


Figure 10 shows the increasing trend of the revenue generation in RSDP-NGOs. The trend is very impressive. The revenue generation grew more than seven times during a period of 25 months of RSDP implementation.

xii. Nutrition Supplement and Education Services

RSDP provides nutrition education, supplies and services to the customers in various ways. RSDP NGO paramedics provided counseling on nutrition to the pregnant mothers who came for ANC and TT



immunization at static and satellite clinics. They distributed iron and folic acid supplement to the pregnant mother during these visits. Also they provided counseling to breastfeed their babies to ensure nutrition for the infants.

As part of post-flood activities, high protein biscuits were provided to the pregnant mothers during their 2nd trimesters as supplementary food starting in February 1999.

RSDP provided 10,412 KG biscuits to distribute among the pregnant women of 157 flood-affected thanas. This nutrition supplement resulted in greater use of ANC services by the pregnant women. Figure 11 shows increasing trend of utilization of ANC2 services since RSDP started to distribute high protein biscuits among the pregnant women in February 1999. Although the biscuit distribution was completed in May 1999, this activity might help to retain increased ANC service utilization trend at RSDP service delivery points.

Community Mobilizers organized 25,649 community meetings where 391,199 persons attended. One of the major agenda of these meetings was to provide knowledge about the nutrition to the rural community. In collaboration with GOB, Pathfinder supported NGOs distributed Vitamin A capsules to the <5 children on the National Immunization Day held on December 6, 1998. RSDP provided Vitamin A capsules to 402,331 children, which is 36 percent of the total < 5 children in the RSDP areas. Later, in collaboration with GOB, NGOs distributed Vitamin A capsules to the <5 children on the Vitamin A week held during June-July 1999. During this week, NGOs distributed Vitamin A capsules to 630,935 children, which is 45 percent of the total < 5 children in the RSDP areas.

IV. PROGRESS ON THE IR ACTION

In the second year, RSDP focused on integrated implementation. In the first six months the NGOs completed and consolidated their setups and started to offer wider ranges of services in their respective allocated thanas. The last six months of the year NGOs were focused on reviewing and analyzing their performances, identifying gaps, understanding the implications of baseline findings, undertaking customer oriented, service linked BCC activities, and above all strengthening their relationship with GoB and their NIPHP partners.

The RSDP had continued its efforts to integrate EPI in as many static and satellite clinics as possible; making the service delivery points functional with trained service providers and with standard equipment and appropriate IEC materials; making depot-holders functional providing basic training and introducing incentive package for them and strengthening MIS based on NIPHP indicators.

Progress towards each major action in the approved workplan has been significant. RSDP completed most of its 133 listed activities. About six activities had to be modified due to changed situation during the program implementation especially the activities on performance management and MDA. Some activities have been deferred to next year for continuation; these are mostly activities in collaboration with other partners. For example the ORP studies, logistics training, customer appraisals, training for the clinic aides. Some activities have been deferred because of the need of further understanding and clarifications.

Six priority areas were emphasized along with all the other listed activities in the workplan. **Table 2** shows the progress RSDP made in these areas in this six months.

Table 2: Progress Made in the Six Priority Areas of RSDP

Priorities Areas	Progress Made
The rollout of the Depotholder functions including training, establishment of remuneration system, introduction of selective visitation program and involvement in IEC activities.	<ul style="list-style-type: none"> Of the 8,807 DHs, 7,591 received basic training on ESP and the remaining DHs are in process of receiving training Average monthly customers contact increased from 14 in the last period to 29 in this reporting period RSDP-NGOs introduced honoraria Tk. 200 for each DH. DHs get a share from the money they generate through selling contraceptives, ORS and calendars, Signboard was introduced to popularize DH's residence as a service point in the community Study on selective visitation of DHs completed in collaboration with ORP
RSDP BCC strategy and Thana specific BCC plans finalized and functional	<ul style="list-style-type: none"> Thana specific BCC plans have been developed and included in the NGO renewal proposal for further refinement. Draft BCC strategy is in process of finalization.
RSDP supervision system finalized and functional	<ul style="list-style-type: none"> Supervision and Quality Improvement training was conducted for thana managers and project managers Consultant Gail Zucker conducted a two-day training for the RSDP staff on performance management. This training program included how to strengthen teambuilding activities and ensure supportive supervision. The knowledge RSDP staff acquired through this training program will be transferred to the NGO staff.
Assuring that all RSDP NGOs have DTC approval for all static clinics and provision of EPI services from as many satellite clinics as possible	<ul style="list-style-type: none"> Out of 175 clinics, the NGOs have so far obtained approval for 164 clinics (including this year's approval of 50 clinics) from the DG/FP. Of the remaining 11, 3 clinics have obtained DTC recommendation while another 8 clinics have been visited by the members of the DTC and their recommendation is in the process. All 175 clinics are functional. RSDP had continued efforts to offer EPI services through as many static and satellite clinics as possible. As of September 1999, RSDP have been successful in offering EPI from 98 of 175 static clinics and 3989 of 6,956 satellite clinics.

Priorities Areas	Progress Made
Increasing clinical FP performance of BRAC.	<ul style="list-style-type: none"> • BRAC 243 Paramedics (PO) received CMT2. These paramedics can now provide Injectable • BRAC delivered Injectable from 17 Thanas in September 1998 which increased to 32 Thanas in September 1999 • Monthly Injectable distribution increased from 497 doses in September 1998 to 6,414 doses in September 1999. • IUD distribution increased from 210 in October 1998 – March 1999 to 767 during April – September 1999.
Strengthening of RDU/RDF functions in all NGOs	<ul style="list-style-type: none"> • RSDP prepared a guideline on Monitoring, Training & Planning (MTP) to implement RDF and translated into Bangla • All Thana Managers and NGO Managers have already received training on RDF and RDU. • 168 Thanas have already introduced Revolving Drug Funds • 4 MTP modules distributed to the NGOs

Detail progress towards each of the major actions in the approved workplan for RSDP is listed in **Appendix B**.

V. ADMINISTRATIVE ACTIONS

A. Training/Conferences Outside Bangladesh

During the year, 14 RSDP staff received training outside Bangladesh. One of them is a long-term training leading to MPH, and three are international training. Others are regional training in India. Of the 14 trained, three are from BCCP. Detail information regarding international training and conference is given in the Table 3.

Table 3: RSDP staff who received International Training, during October 1998 - September 1999

	Name and Position	Topic/Conference/Training Attended
1.	Saiful Islam Deputy Director (F&A), Pathfinder	A 3-day short course on USAID rules and regulations, March 12-14, 1999, New Delhi, India
2.	Abdul Malek Admin Officer, Pathfinder	A 3-day short course on USAID rules and regulations, March 12-14, 1999 at New Delhi, India
3.	Nazrul Islam Field Unit Coordinator, Pathfinder	A one-year academic course on Master of Public Health August 17, 1998 to July 28, 1999, The University of North Carolina at Chapel, USA
4.	Dr. Salah Uddin Ahmed TO (QA), Pathfinder	Quality Improvement in Reproductive Health & Family Family Planning Services, August 2-13, 1999, IIHMR at Jaipur, India
5.	Dr. Md. Abdul Kuddus TO (QA), Pathfinder	Quality Improvement in Reproductive Health & Family Family Planning Services, August 2-13, 1999, IIHMR at Jaipur, India
6.	Dr. Dominic Robin Guda TO (QA), Pathfinder	Quality Improvement in Reproductive Health & Family Family Planning Services, August 2-13, 1999, IIHMR at Jaipur, India -do-
7.	Dr. Niaz Mohammad Chowdhury TO (QA), Pathfinder	Quality Improvement in Reproductive Health & Family Family Planning Services, August 2-13, 1999, IIHMR at Jaipur, India
8.	Dr. Abu Nayeem Md. Hasan Imam TO QA, Pathfinder	Quality Improvement in Reproductive Health & Family Family Planning Services, August 2-13, 1999, IIHMR at Jaipur, India -do-
9.	Dr. Muhibbul Abrar TO (QA), Pathfinder	Quality Improvement in Reproductive Health & Family Family Planning Services, August 2-13, 1999, IIHMR at Jaipur, India
10.	Jamil Akhter, TO (Logistic Mgt.), Pathfinder	Managing the Procurement of Pharmaceuticals and Medical Supplies, August 23- September 3, 1999 at MSH in East London, South Africa
11.	Marzana Rahman HRMO, Pathfinder	Human Capacity Development for 21 st Century, August 16-20, 1999, Washington DC. USA.
12.	Pijush Kumar Biswas Finance Officer, BCCP	A 3-day short course on USAID rules and regulations, March 12-14, 1999, New Delhi, India
13.	Sophia Nazma DD Campaign, BCCP	Youth First: Strategic Communication & Advocacy for Health, September 27 - October 15, 1999, Baltimore, USA.
14.	Rifat Jahan Campaign Executive, BCCP	Youth First: Strategic Communication & Advocacy for Health, September 27 - October 15, 1999, Baltimore, USA.

Table 4: International Meetings/Conferences attended during October 1998 - September 1999

	Name and Position	Topic/Conference/Meeting Attended
1.	Dr. A. Majeed Khan BCCP Board Member	BCCP Board meeting held on January 14, 1999 in Baltimore, MD, USA. 1998
2.	Mohammad Shahjahan Director, BCCP	BCCP Board meeting at Baltimore, MD, USA., January 14, 1999
3.	Mohammad Shahjahan Director, BCCP	International Conference on Population and Environment Education in Philippines, December 8-15, 1998
4.	Mohammad Shahjahan Director, BCCP	International Forum on Innovations in Development Communications, Bangalore, India, March 17-19, 1999
5.	Abul Barkat Dhaka University	ICPD+5 International Forum, February 8-12, 1999 at the Hague, Netherlands
6.	M. Alauddin Chief of Party, RSDP	ICPD+5 Preparatory Committee Meeting, March 24-31, 1999 at New York City, USA

Name and Position	Name of Conference/Meeting/Arrival
7. Professor Abul Barkat Dhaka University	ICPD+5 Preparatory Committee Meeting, March 24-31, 1999 at New York City, USA
8. M. Alauddin Chief of Party, RSDP	Resumed session of Prep Com ICPD & Special Session of UN General Assembly, June 24 – July 2, 1999, New York
9. Jalal Uddin Ahmed Director, South-South Centre	Resumed session of Prep Com ICPD & Special Session of UN General Assembly, June 24 – July 2, 1999, New York
10. Professor Abul Barkat Dhaka University	Resumed session of Prep Com ICPD & Special Session of UN General Assembly, June 24 – July 2, 1999, New York

Table 5: Travel by Pathfinder HQ Staff/Consultant Dhaka during October 1998 - September 1999

Person/Designation	Scope of Work	Duration
1. Ellen Eiseman Senior Quality Improvement Advisor of Pathfinder	To assist RSDP and QIP in finalizing the Supervision and Quality Management training materials and assist the facilitators to conduct workshops for the RSDP NGO staff	Jan 22–Feb 5, 1999
2. Gail Zucker International Consultant	RSDP team building, preparing job descriptions and performance evaluation system	Feb 26 – Mar 15, 1999
3. Diane Carazas Director (PO) of Pathfinder	Assist Pathfinder in Annual Workplan, and identifying TA needs for RSDP for FY99	Sep 21-30, 1998
4. Tom Fenn Vice President, Technical Services and Program Operations of Pathfinder	To overlap with Gail Zucker's consultancy and review program implementation	Dec 6-11, 1998
5. Gail Zucker International Consultant	To help in RSDP partnership development, team building, development of results oriented job descriptions and performance appraisal systems.	Nov 29 – Dec 13, 1998
6. Mr. Robert Karam Consultant	BCCP Skill analysis	Jan 24, 1998 – Feb 6, 1999
7. Dr. Phyllis Tilson Piotrow Director, JHU/CCP	Chair Board Meeting (guide finalizing strategic plan for BCCP's sustainability).	Oct 4-8, 1998
8. Mizanur Rahman Director, Evaluation, Pathfinder	Finalize the Performance tracking tool and develop analysis plan of baseline survey data	May 6-17, 1999
9. Stephen Croll Senior Operation Manager, Pathfinder	Orientation	July 17-18, 1999
10. Stephen Croll Senior Operation Manager, Pathfinder	To assist in preparation of Annual Work Plan, NGO renewal & other related work	Aug 30- Sept 6, 1999
11. Susan Clark Program Manager, Asia, Pathfinder	To assist in preparation of Annual Work Plan, NGO renewal & other related work	Aug 30-Sept 15, 1999
13. Thomas Fenn Vice President, Pathfinder	Work with USAID and BRAC on CA Amendment	Sept 30-Oct 4, 1999

B. Local Consultants and Contracts

Pathfinder hired a few local consultants to accomplish some professional work for RSDP. A brief description about scopes of work, resource allocated for these works and persons involved to accomplish them are as follows:

1. Improving Management and Performance (IMP) Training Impact Assessment Study. Fixed price contract by Pathfinder with READ.

2. Support for procurement Consultants to MOHFW. Scope of Work was to prepare draft procurement plan for non-essential service package (ESP) products (goods and supplies) for 1999-2000. Two consultants are Mr. Mohammad Abul Hayat and Mr. Muhammad Ali.
3. To document newlywed couple and drugs' revolving funds activities, and prepare a RSDP brochure. Dr Ahmedullah Mia was hired as a consultant for a period of 4 months.
4. RSDP Baseline Survey. Conducted by ACPR for RSDP. Separate contract with Professor Ataharul Islam of Department of Statistics, DU, on sampling design of the baseline survey.
5. BCCP's contract with Asiatic Marketing Communication Ltd. to design, develop, produce broadcast and implement a TV drama to promote green umbrella clinics for improving family health status.
6. Assessment of BRAC's Adolescent Family Life Education (AFLE) Program. Assessment team lead by Professor Abul Barkat of Department of Economics, Dhaka University.
7. An assessment of Pathfinder "Newlywed Strategy", Team led by Professor Abul Barkat of Department of Economics, Dhaka University.

C. Procurement

Table 6: Procurements Made by the Three Partners as well as by the NGOs During Oct 1998 – Sep 1999:

Sl.	Item	For	Quantity	Unit Costs	Date Procured
1	Ford Vehicle	Pathfinder	2	33,300	Order placed Dec 1998, Expected arrival Oct 99
2	PABX	-do-	1	3,680	May 1999
3	Air-cooler (split)	-do-	2	3,150	May 1999
4	Computer	-do-	6	1,300	June 1999
5	Laser printer	-do-	2	410	June 1999
6	Color laser printer	-do-	1	3,510	June 1999
7	UPS	-do-	10	265	September 1999
8	Computer	BRAC	8	1,160	June 1999
9	Deskjet printer	-do-	4	175	June 1999
10	Laser printer	-do-	2	435	June 1999
11	UPS	-do-	8	250	June 1999
12	Laser printer (net)	BCCP	1	2,475	June 1999
13	Computer	-do-	11	1,050 (50%)	June 1999
14	Computer (server)	-do-	1	4,795 (50%)	June 1999
15	TV (21")	NGO	29	495	Aug-Sep 1999
16	VCP	-do-	29	200	Aug-Sep 1999
17	Computer	-do-	7	655	Aug-Sep 1999
19	Printer	-do-	6	415	Aug-Sep 1999
20	UPS	-do-	8	165	Aug-Sep 1999

VI. ISSUES NEED TO BE RESOLVED

A. Issues within the RSDP Partnership

The design of RSDP teams is interlinked to such an extent with the workplan that the absence of a team member causes the implementation of the workplan to slow down to quite a significant extent. In the last two years there has been 20 transfers/turnovers in BRAC and 6 in Pathfinder.

Continuation of services in the teams of the members is vital in understanding, planning and implementing this multi dimensional and time bound workplan. Teams do not get as they should. The structured team building exercise involving three operating units and the field TA units, revising position descriptions and instituting more objective personnel performance appraisal systems conducted by the consultant in this year should be bringing about some positive changes in partners contribution and attention to the RSDP teams.

B. Issues within the NIPHP Partnership

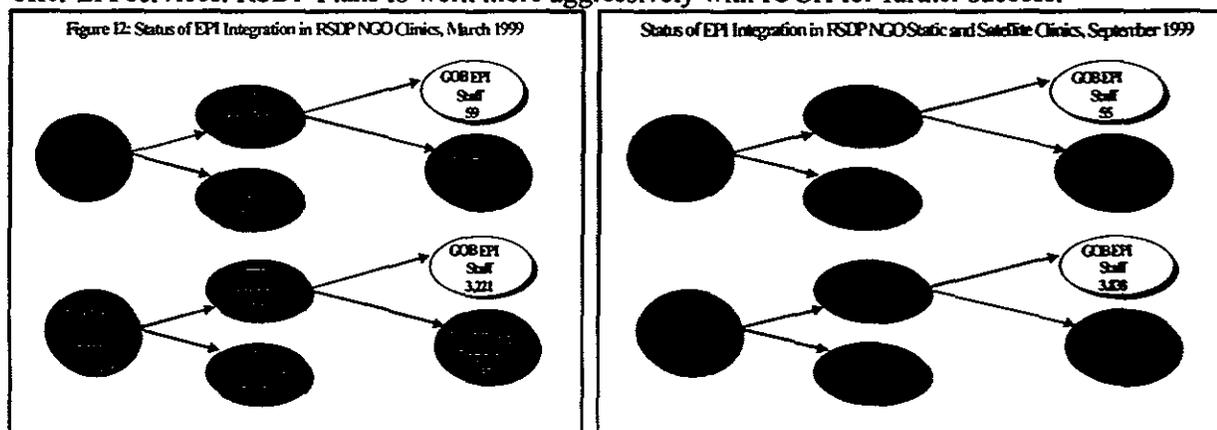
In the first year it was mostly QIP and USAID from the NIPHP partners who made field trips to RSDP supported NGO site in the Thanas. In the reporting year FPLM, ORP, IOCH and Prime was added to the list, in addition to the survey and assessment teams.

It is difficult to coordinate the visits or be aware of the visits. The NGO staff at the thana level most of the time do not recognize the visitor and sometime visitors are not well versed about RSDP activities, strategies and structure. The problem is not in acknowledgement or the knowledge of the visitors but how they are to respond to them. Except for a limited number of partners, RSDP do not receive trip reports to alert RSDP of the findings and recommendations made. The direct recommendations made at times by the NIPHP visitors create confusion including financial management problem among the Thana staff, TA Units or QA teams. The findings come as surprise to RSDP when disseminated in different forum.

In the coming workplan along with other activities RSDP plans to link NGOs to NIPHP partners, develop a system of sharing findings and recommendations and also work towards assisting the NGOs as a NIPHP team rather than individual partners.

C. Issues with GOB

Despite of best efforts, EPI merging has not been possible for all sites. Significant progress however, has been made towards that goal. The Figure 12 shows the increasing trend of the service delivery centers offer EPI services. RSDP Plans to work more aggressively with IUCH for further success.



With great support from Director, Logistics, supply of Injectable improved a lot. Additional supplies matched with need would have yielded yet better performance.

VII. COLLABORATION WITH GOB

A. Policy, Administrative and Logistic Support from the GOB

Since the beginning of the program, Pathfinder is receiving excellent support from the Government in implementing RSDP. Director General, Directorate of Family Planning, issued a circular on October 9, 1997 introducing RSDP to the government officials of the relevant districts and thanas and asked them to provide all necessary cooperation including logistic supports. Director General, Directorate of Health Services issued a circular on December 8, 1997 directing concerned officials to cooperate with NGOs for the implementation of NIPHP. Director, Planning, Directorate of Family Planning issued a circular on December 18, 1998 to supply contraceptive and clinical equipment to the NGO clinics while they are in process of getting DG/FP approval.

The MOHFW issued a letter on April 16, 1998 regarding reporting system. The letter recognized the NGO efforts in the development of new MIS reporting tools for NIPHP and asked the THFPO and TFPO to receive reports from the NGOs in the MIS Form-3 until the new format is finalized.

Director (Logistics), Directorate of Family Planning (DFP) issued a circular on March 31, 1999 asking TFPOs to provide clinical contraceptives, particularly Depo-Provera to all NGO clinics who either have obtained DG/FP approval or obtained clearance from the District Technical Committees (DTC).

Pathfinder supported NGOs in RSDP cover, on an average, 30 percent eligible of the thana with area allocation from local family planning officials, which has been recommended by district family planning office and affiliated by DG/FP. As planned all 175 clinics are now full functional – 164 of them received approval from DG/FP, 4 received recommendation from DTC while the rest 8 clinics have been visited by the members of the DTC and its recommendation is in the process.

These communications and support from the policy level helped to explain the new service delivery strategies and to receive the government assistance in terms of contraceptive supplies and area allocation/service delivery spots for the establishment of static and satellite clinics.

B. IMP Training

Pathfinder, in collaboration with the University of North Carolina through Carolina Consulting Corporation, organized a 12-week long training course on Improving Management and Performance (IMP) of Delivering ESP at the thana level for thana level GOB and NGO officials.

During their training, the participants of the training program developed Action Plans to improve management and performance of ESP in their respective thanas. Just after the training, the participants started to implement the Action Plan. The first batch began implementation in May 1998 and the second batch in July 1998.

An Advisory Committee, co-chaired by Director (Administration), Directorate of Health Services and Director (Administration), Directorate of Family Planning, was formed to review the implementation status of the Action Plan. The other members of the Committee are Director (MCH), Director (Planning), Director (CMIS) of Directorate of Family Planning, Assistant Chief (Planning Cell) MOHFW, and representatives of USAID, ICDDR,B and AVSC. Pathfinder International is the member-secretary of this Advisory Committee.

The Advisory Committee meets once in two month to review the implementation status of the Action Plan. Pathfinder compiles the findings from the monthly reports received from the thanas, prepare a

digest, and present them in the Advisory Committee. During the period four meetings of the Advisory Committee were held. The members of the committee reviewed the problems identified in the digest and suggested solutions.

As per decision of the Advisory Committee, a panel discussion meeting was held with the IMP Thana Team Members. The 4-member Thana Team of 16 thanas attended the meeting in two batches. The first batch meeting was held on November 18 and second batch meeting on November 19, 1998 at hotel Abakash, Mohakhali, Dhaka. The objective of the meeting was to discuss the problems the IMP Thana Teams are facing in implementing the Action Plan developed as a part of their training program and recommend/suggest solutions of the problems. The panel discussion centered on mainly personnel, salary and payment and policy related problems. The Panel Members suggested/recommended actions on the basis of the nature of the problems discussed.

In addition, as advised by the Advisory Committee, a one-day review meeting was held on May 22, 1999 at Population Services and Training Center (PSTC) office, Dhaka. Pathfinder and UFHP jointly organized the meeting. Total thirteen selected participants were invited in the meeting-- four from each of the first and second batches and five from the third batch. The objective of the meeting was to review the training process and its application with the participants with a view to seek their candid opinion on the course in its various dimensions and how to make it more applicable.

The one-year implementation periods of Action Plan of first batch thanas ended on March 31, 1999 and second batch on June 30, 1999. To know the implementation process of the Action Plan, Pathfinder requested ORP to conduct a study on the Implementation Process of the Action Plan in selected IMP Thanas. The objective of the documentation was to identify the barriers that affected the implementation of action plan in the thanas. The recommendations of the participants of the meeting will be used for deciding future IMP course modules, duration, indicators and faculty.

In addition to internal reviews, Pathfinder conducted a study by an external research firm to review the training program and its follow-up process. On behalf of Pathfinder, Research and Evaluation Associates for Development (READ) conducted the study. Reports of both the studies are now ready and it is expected that the findings of both the studies will be disseminated in a meeting some time in December 1999.

C. Support to Newlywed Couples Program

The GOB chairs the Working Group on Undeserved Population; Pathfinder is the Member Secretary. The MOHFW, through the initiative of the Working Group provided Congratulatory Letters signed by the Honorable Minister, Ministry of Health and Family Welfare to the NGOs for distribution to the newlywed couples. During the period, Pathfinder received 88,000 Letters from the Ministry and distributed 10,000 Letters to FPAB and 25,000 Letters to UFHP and 33,500 to Pathfinder supported NGOs. Pathfinder supported NGOs in RSDP distributed Congratulatory Letters to 23,579 newlywed couples this year.

D. Support to Directorate of Health Services

Pathfinder supported MOHFW for printing a leaflet-containing message on World AIDS Day held on December 1, 1998. Director, PHC&DC and Line Director, ESP, DGHS printed one hundred and fifty thousand leaflets and distributed them all over the country on the occasion of the observance of the Day.

E. Support for Procurement Consultants to MOHFW

Pathfinder supported two procurement consultants to MOHFW. The Scope of Work was to prepare draft procurement plan for non-essential service package products (goods and supplies) for 1999-2000. Two consultants are Mr. Mohammad Abul Hayat and Mr. Muhammad Ali.

F. Observance of National and International Days

Pathfinder, its partners – BRAC and BCCP, and the NGOs involved in RSDP implementation have collaborated with the GOB in observing population-related National and International Days – World AIDS Day, World Population Day, etc. In these Days, with logistics support and direct participation of the local GOB officials, RSDP provided services to different target groups of ESP.

VIII. CUSTOMER FEEDBACK

The RSDP NGOs have introduced customer feedback system to know the customers' perspectives on various programmatic aspects. The Thana Managers and NGO Monitoring Officers visit static and satellite clinics as per their workplan and conduct exit interviews of the customers using structured questionnaire and identify strengths and weaknesses in the area of quality issues in providing services. Based on the findings, they provide feedback and technical assistance to the service providers. Thus the clinic teams ensure the quality of services. The NGOs have initiated reporting the findings of their customers' feedback in their Semi-annual and Annual Reports.

In summary, the findings of the interviews suggest a positive attitude towards the new service delivery system and quality of services. Some NGOs mentioned that the increased customer flow over times reflects the positive attitude of the customers towards the program. However, some customers mentioned that they were not well aware about the whole package of services that static and satellite clinics offer. Customers prefer to receive EPI services from each static and satellite clinic. They also expressed eagerness to purchase delivery kits, iodized salt, low cost biscuits, etc. from the satellite clinics.

Recently completed Baseline Survey revealed some findings related to customers' knowledge about RSDP service delivery points (SDP) and use of services offered through these SDPs. Knowledge of the women in RSDP areas about the Depotholders is 52 percent, Satellite Clinic is 60.7 percent and Static Clinic is 7.5 percent. NGOs have proposed activities for the FY2000 workplan to increase level of knowledge among the population on RSDP service delivery points.

According to survey findings, fifty percent women did not receive ANC services during their pregnancies because they didn't think it is beneficial or needed. Seventeen percent mentioned that service was too expensive and eighteen percent mentioned that they did not know where to receive ANC services. Similarly, fifty- percent women told that they did not have TT Injection because they didn't think it is beneficial or needed for them. Seventeen percent mentioned that it was too expensive and 10 percent mentioned that they were unable or not permitted to go out of the house. NGOs have proposed interventions targeting to address these customer-centered issues.

IX. LIST OF PUBLICATIONS, MANUALS, REPORTS, PROTOCOLS DEVELOPED

A. Pathfinder has published the following materials during the reporting period to document and share, both within the country and internationally, the RSDP experience:

1. Dr. M. Alauddin, "NGO Partnership in NIPHP in Bangladesh", Projanma, September 1998, 22-26.
2. Dr. M. Alauddin, "A Calendar for Family Health: An Innovative Approach to Behavior Change Communication", Weekend Independent, April 30, 1999, 24-25.
3. Dr. M. Alauddin, "Revolving fund for Medicines Pathfinder Success in Bangladesh", Weekend Independent, September 10, 1999, 10-12.
4. Dr. M. Alauddin, "Newly Married Couples in Bangladesh: Pathfinder Experience in Adolescent Reproductive Health Interventions", June 1999 (unpublished).
5. Dr. M. Alauddin, "Role of NGOs and Private Sector in Balanced Quality Service Delivery Package", A theme paper presented at the Seminar on "Upscaling Reproductive Health Interventions: Enhancing the Role of the Civil Society" on 29 June to 2 July, 1998, Kuala Lumpur, Malaysia
6. Dr. M. Alauddin and Laurel MacLaren, "Reaching Newlywed and Married Adolescents" In Focus, July 1999.

B. In order to implement the program efficiently, RSDP program staff developed the following guidelines/tools/manuals as a part of its technical assistance to the NGOs:

- **Financial and Administrative Manual for RSDP Supported NGOs** to assist the NGOs to provide day to day guidance in implementing program and its overall management.
- **Thana Level Progress Tracking Tool** to monitor the progress of each thana in the areas of infrastructure set-up, approval process, logistic supply situations, and performance reporting system (revised version).
- **A Guideline for the Performance Display Board** to ensure that each Thana office has uniform and critical information in the display board.
- **NGO and Thana Goal-Setting Guideline** to help NGOs to define their thana-specific goals (revised version).
- **Guidelines on IEC Materials** to help NGOs to ensure effective use of IEC materials.
- **Quarterly and Monthly Fund Use Reports** to monitor subgrantee's fund use status against the budget and disbursed fund.
- **Manual on RSDP MIS** for NGO staff as ready reference on how to use different record keeping and reporting formats of RSDP MIS.
- **Revolving Drug Fund (RDF) Guidelines** with monitoring, training and planning modules to orient the RSDP Thana Managers for effective implementation of RDF.
- **QA Guideline** has been developed in collaboration with QIP to make QA visits effective and uniform.
- **Orientation Package** on utilization strategies of NIPHP Technical Standard in RSDP

D. RSDP worked with QIP and contributed to the Development of the following Manuals and Guidelines and Training Curriculum for ESP:

- **Technical Standard and Service Delivery Protocols** for each Family Planning, EOC, HIV/AIDS, Maternal Health Care and Management of Child Health related illness.
- **Standard Treatment Guidelines**
- **Manual Containing List of Equipment**
- **Information Guide on Infection Prevention and Waste Disposal**
- **Information Booklet for Service Providers on Essentials Drug for ESP**
- **Training curriculum on Other Reproductive Health and on HIV/AIDSs Counseling**
- **Integrated training curriculum on Child Survival Intervention and Other Reproductive Health for the physician under NIPHP**

X. STAFF TRAINING

RSDP completed training need assessment for the NGO staff in the previous year. Based on the assessment, a training plan was developed. During the last year, RSDP made significant efforts to design, develop and implement a number of training programs to increase the skills of the NGO service providers and Managers on different aspects of ESP. The following is the detail training activities accomplished during this reporting year:

Family Planning Clinical Management Training (CMT): BRAC provided CMT to 235 Paramedics in the last reporting year and additional 102 Paramedics in this year. The curriculum of CMT was designed to cover most of the components of ESP. After introducing child survival interventions and other reproductive health training, to avoid repetition, RSDP modified the training curriculum of CMT in August 1999. RSDP incorporated more aspect on quality of care (QoC) and infection prevention in the CMT curriculum and reduced the duration of the training program from 17 to 12 days.

Clinical Management Training of BRAC (CMT-2): BRAC has two categories of service providers – FWV/Nurse and Paramedics. These Paramedics are female with minimum 12-grade education and work experience but do have formal training like FWVs/Nurses do. Of the 392 service providers of BRAC, 72 are FWVs and 320 are Paramedics. FWVs are based in static clinic and Paramedics provide services in the satellite clinics staying at the union/community levels.

BRAC initiated an 18-day Clinical Management Training program, which is known as CMT-2 for their FWVs and Paramedics in collaboration with District Technical Committee, AITAM, GK and Radda MCH-FP Center. The training curriculum is designed in the light of CMT of AITAM. RSDP reviewed and finalized the training curriculum.

The District Technical Committee divides the CMT-2 into two parts – 8 days institutional training, which is conducted by AITAM, GK or RADDA MCH-FP Center and 10 days on-site training organized. The on-site course was coordinated by ADCC and facilitated by THFPO, MO (Clinic), MO (MCH), MO (MCWC), Consultant (Gynecology), CS, DDFP and MO (DC). The DTC use MCWC and THC facilities for practical demonstration.

As of September 1999, 303 service providers received CMT-2. Of them, 60 were FWVs (out of 72) and 243 (out of 320) were Paramedics. The rest of the providers will be trained by December 1999.

Child Survival Intervention (CSI) Training: Pathfinder arranged Child Survival Intervention training to the FWVs through six training institutions. These institutions are AITAM, Radda MCH-FP Center, Dhaka Community Hospital, BRAC, GK and ICDDR, B. CSI training includes Breast-feeding, ARI, CDD, EPI & VitA distribution. It is a 10-day long training - 5 days each for theoretical and clinical sessions. In total, 663 service providers received CSI training. Of them, 133 service providers received training during the previous reporting period while 530 service providers received training during this period. Of the service providers who received CSI training, 366 were FWVs/Paramedics while the rest 233 were PO/Paramedics of BRAC.

Other Reproductive Health (ORH) Training: RSDP is providing Other Reproductive Health (ORH) training to the paramedics through five training organizations. RSDP and QIP jointly selected these five training organizations, named AITAM, OGSB hospital, ICMH, Marie Stopes Clinic Society and CWF. RSDP collaborated with QIP to develop the training curriculum. ORH training focuses mainly on Maternal Health services, Reproductive Tract Infection (RTI)/Sexually Transmitted Diseases (STD) and Rational Drug Use. RTI/STD section of training course was designed to treat cases by using Syndromic Approach. In total, 300 FWVs received training on ORH during this period. RSDP closely monitor the

quality of the training program on regular basis. In order to make the training more effective, RSDP, QIP and training organizations jointly revised ORH training curriculum In July 1999.

Supervision and Quality Management Workshop: RSDP, in collaboration with QIP, designed curriculum and conducted a five-day training workshop on Supervision and Quality Management for the NGO Managers, Monitoring Officers and Thana Managers. The training curriculum includes different component of ESP like family planning, maternal health, child health, RSDP referral system, rational drug use (RDU) and revolving drug fund (RDF). During January - September 1999, 10 regional workshops were conducted to complete this training process. A total of 240 participants received training. Of them, 171 were Thana Managers, 37 were NGO Monitoring Officers, 15 were NGO Project Managers and the rests 16 were RSDP Technical Officers.

CMs Training of Trainers (TOT) on Integrated ESP: Community Mobilizers received two weeks TOT on integrated ESP to conduct on site basic training for DHs. All 524 CMs had already received TOT. Of them, 390 received training in the previous reporting period and the rest 134 received training in this reporting year. After completing TOT, CMs made training plan and provided training to the DHs of their respective thanas.

Depotholders Training on Integrated ESP: RSDP introduced a basic modular training program on the ESP services for the Depotholders. This training has two parts - one month for theoretical aspect and another month for practical demonstration. Apart from basic training, DHs are updating their knowledge during their monthly meeting with NGO Thana staff. Out of 8,807 DHs, 7,591 has already received basic training. The remaining 1,216 DHs have already started receiving training by the Community Mobilizers in this period. Their training will be completed by December 1999.

Training on Drug Management: As a part of drug management process RSDP conducted the following training for the NGO staff:

- a. **Revolving Drug Fund (RDF):** USAID provided one-time grant to RSDP and UFHP for Revolving Drug Fund. RSDP and UFHP worked together with an external consultant and developed RDF implementation guideline and Monitoring, Training and Planning (MTP) Module. The module one had been incorporated in the Supervision and Quality Management training. RSDP also provided daylong refresher training to 139 Thana Managers out of 171 and Office Assistants on module one.
- b. **Training on Rational Drug Use (RDU):** RSDP worked with QIP and three external consultants, and finalized RDU training curriculum. As planned, RSDP provided RDU training to 27 Medical Officers of RSDP NGOs and 6 Technical Officers (QA). Later, this RDU training curriculum was incorporated into Supervision and Quality Management Workshop and Other Reproductive Health Training to train all Thana Managers and Paramedics.

Logistic Workshop: Family Planning Logistics Project (FPLM), in co-ordination with Directorate of Family Planning (DFP) had arrange five one-day Logistic Workshops for the Thana Family Planning Officers and NGO Managers of RSDP sites located Khulna and Dhaka Divisions. The objectives of the workshop was to discuss the various issues and concerns with regards to Logistic Management. The 8 NGO Managers, 11 NGO Monitoring Officers and 71 Thana Managers attended the workshop.

Financial Management Training for Thana Managers and Office Assistant: Pathfinder organized two-day training for the Thana Managers and Office Assistants on financial an day to day management. The objective of the training was to orient on Thana budget preparation, financial record keeping, financial reporting, responding to and participating in audit, personnel management, procurement procedures, and logistics management. Special effort was made to clearly identify various tasks of the

Office Assistants and provide them with hands on practical lessons to carry out those tasks. In total 125 Thana Managers and 125 Office Assistants of RSDP Thanas received this training.

Communication Training Conducted by BCCP: During FY 1999 BCCP conducted one Advances in Family Health and Social Communication Workshop, one Message Development Workshop and one TOT on HIV/AIDS Communication Counseling workshop. RSDP NGO staff participated in all these three training workshops:

- a. BCCP conducted the sixth *Annual Advances in Family Health and Social Communication Workshop* at BARD, Comilla during February 07-18, 1999. The workshop was attended by 29 participants representing the government (GOB), non-governmental organizations (NGOs), private sectors, international NGOs and NIPHP partner agencies working in family planning, reproductive and child health, STD/RTI and HIV/AIDS. From RSDP, Project Managers of Swanirvar and PSKS attended the workshop.
- b. BCCP conducted the *Message Development Workshop* during June 12-17, 1999. The workshop was held at the BARD, Comilla. The objectives of the workshop were to improve message development skills, strengthen message/material-testing knowledge and identify/target key audiences. Twenty-eight participants representing the GOB, NGO, NIPHP Partners and private sector agencies attended. From RSDP, Project Managers of DCPUK, MMKS, JTS and attended the workshop.
- c. BCCP conducted the *TOT on HIV/AIDS Communication Counseling* during July 20 - 22, 1999. The workshop was held at the Training Technology Transfer at Dhanmondi. The objectives of the workshop were to develop knowledge and skills of the participants on basic facts, communication and counseling techniques of HIV/AIDS. Fourteen participants representing different NIPHP Partners and non-governmental organization (NGO) attended the TOT. From RSDP, MO (QA) of Swanirvar and JTS, Monitoring Officer PSF and a Thana Manager of VPKA attended the workshop.

Table 7 shows summary accomplishments of RSDP staff training conducted either by Training Institutions or in house.

Table 6: Summary of Training Accomplishments:

Training/ Orientation Course Title	Type of Staff	Organization provided Training	Planned Training FY-99	Staff Trained During Oct98-Sep99	Remarks
Clinical Management Training (CMT)	FWV/Nurse ¹	AITAM	279	102	It was earlier planned that BRAC/PO would be offered AITEM provided CMT. Later, CMT2 was designed and offered for the BRAC FWVs.
CMT-2	FWV/Nurse BRAC/PO	GOB and BRAC	0	60 243	
Child Survival Intervention Training	FWV/Nurse BRAC/PO	RB, AITAM, ICDDR,B, DCH, BRAC, GK	520	297 233	
Other Reproductive Health Training	FWV/Nurse BRAC/PO (Paramedics)	AITAM, CWFP OGSB, MSCS, ICMH	600	300	Most of the NGO Paramedics except BRAC/PO have received ORH training. Training for the BRAC/PO will be provided in the next workplan.
Supervision and Quality	TM Central Staff	RSDP and QIP	202	171 53	

Training /Orientation Course Title	Type of Staff	Organization provided Training	Planned Training FY 99	Staff Trained During Oct98-Sep99	Remarks
Management Workshop ²	Tos			16	
TOT of Community Mobilizers on Basic Training for the DHs	CM	RSDP	0	134	Training was arranged for the newly recruited TMs mostly for the RFWP Thanas
Basic training on ESP	DH	RSDP	8,708	7,591	Training of the DHs will be completed by December 1999
Rational Drug Use (RDU)	Med Officer TO (QA)	QIP and RSDP	0	27 6	
Logistic Workshop	PM Monit. Officer TM	FPLM, RSDP	0	6 11 71	
Financial Management Training	TM OA	RSDP	0	125 125	
Advances in Family Health and Social Communication Workshop	PM	BCCP	6	2	
Message Development Workshop	PM	BCCP	6	4	
TOT on HIV/AIDS Communication Counseling	MO (QA) Monit. Officer	BCCP, QIP, RSDP, UFHP	0	4	

² The contents of Supervision and Quality Management include RDF and RDU

XI. SUPERVISION, MONITORING AND EVALUATION

A. Supervision and Monitoring

In an effort to intensify supervision and monitoring system, a performance appraisal system has been proposed which have specific indicators for understanding the process and achievements of each staff. This was an exercise facilitated by the consultant Gail Zucker. This exercise will be taken further down to the NGOs to complete whole the loop.

An extensive exercise has been undertaken by RSDP with QIP in clarifying the roles and responsibilities in QA visits and COPE. The whole process of COPE and QA along with the feedback mechanism has been streamlined. The detail information related with COPE and QA is as follows:

COPE Exercise: The COPE Team is comprised of two members, one from QIP and one from RSDP. The Monitoring Officer (QA) or Project Manager of the respective NGO also joins the Team to observe and learn the process. QIP conducted COPE Exercise at least at one clinic of each NGO. In case of the NGOs with more than 10 clinics, QIP conducted the COPE exercise in the 10% of their total clinics. The NGOs, with technical assistance from TA Unit, will conduct the COPE exercise in the remaining clinics of their areas.

As of September 1999, QIP-RSDP COPE team completed COPE exercise in 42 clinics of 19 NGOs. The COPE teams has also oriented the NGO Project Managers and Monitoring Officers so that they can conduct COPE to their remaining clinics by themselves with the technical assistance from QIP and RSDP. During the reporting period the NGOs themselves have completed COPE exercises in additional 22 clinics. As such COPE has been conducted in 64 RSDP-NGO clinics in the reporting period.

Quality Assurance (QA) Visit: The QA Team is comprised of two members - one from QIP and another from RSDP. The Monitoring Officer (QA) or Project Manager of the respective NGO also attend during the QA visit to observe and learn the process. RSDP and QIP met several times and updated the QA Review Checklist and finalized the Roles and Responsibilities of the individual team members during the QA visits. The first QA visits have been completed in 139 NGO clinics. Of them, 21 were visited in the previous year and 115 more visited in the last year. The remaining 36 NGO clinics are expected to be visited by November 1999.

In the reporting period, RSDP Technical Officer's visited all Thanas at least twice for supervision and monitoring purposes. On an average, each Thana was visited for 3 times by the TA unit Technical Officer during this period. The Thanas were also visited by NGO central staff as a part of their supervisory visit.

RSDP staff at Dhaka Headquarters also visited 51 Thanas and provided on-site technical assistance as well as identified programmatic issues, which need to discuss with NGO central staff as well as TA unit colleagues. RSDP headquarters also monitored the progress of the NGOs against its programmatic goals and through reviewing Monthly Performance Reports of the NGOs and provided feedback to the TA unit as well as NGO central staff.

B. Evaluation

RSDP initiated 14 studies during this period. Of them 6 have already been completed and the remaining 8 are continuing. Of the 14 studies, 7 are conducted by RSDP's own initiative while the rest 7 are conducted in collaboration with ORP. The list of the studies those have been conducted by RSDP and those in collaboration with ORP are provided in **Table 8** and **Table 9**, respectively.

Table 8: List of Ongoing/Completed RSDP Evaluations/Studies/Special Assessment

Name of the Evaluation	Collaborating Agency	Current Status
1. RSDP Baseline Survey	RSDP subcontracted the study to a local research firm, ACPR.	<ul style="list-style-type: none"> Draft results and report is available.
2. NGO Pricing Policy in NIPHP	A working group has been formed represented by RSDP, UFHP, ORP and USAID	<ul style="list-style-type: none"> This research will require three independent but inter-linked studies: (a) how do customers define quality? (b) Facility-based costing of the services, and (c) Determining health seeking behavior of customers. ORG-MARG Quest submitted the draft report on the study to determine the definition of quality of services Facility-based costing and health care seeking behavior part of the study has been contracted to Health Economics Program of ICDDR,B. Results will be available by February 2000.
3. An survey of the current situation of RSDP NGO fees/service charge on ESP Services	An in house survey carried out during March – April 1999.	<ul style="list-style-type: none"> Information has been collected from 17 RSDP NGOs. A draft report has been prepared.
4. Situation analysis of RSDP pricing in 171 thanas	RSDP	<ul style="list-style-type: none"> A draft report has been completed.
5. Review of Training and Follow-up of Improving Management and Performance (IMP) of Delivery of ESP	READ, a research firm, has been subcontracted to conduct the study	<ul style="list-style-type: none"> Report available
6. Evaluation & follow up of FLE program for adolescents in BRAC schools	RSDP and FOCUS	<ul style="list-style-type: none"> Report available
7. Assess the newly married couple program of RSDP	RSDP and FOCUS	<ul style="list-style-type: none"> Draft report available

Table 9: List of Ongoing/Completed Evaluations/Studies with ORP/ICDDR,B

Name of the Evaluation	Collaborating Agency	Current Status
1. Assessment of Young Adults Reproductive Health	RSDP, FOCUS, ORP	<ul style="list-style-type: none"> ORP and FOCUS have conducted a needs assessment of the adolescents (male, female, married, unmarried 10-19 yr.) in both rural and urban areas.
2. Strategies to improve prevention and management of RTIs and STDs in Bangladesh	RSDP and ORP	<ul style="list-style-type: none"> Planning process for the implementation of the interventions has been finalized with ORP. Study to be initiated from Nov 99.
3. Modified strategy for ensuring referral and linkage for Essential Obstetric Care (EOC)	RSDP and ORP	<ul style="list-style-type: none"> Planning process for the implementation of the interventions has been finalized with ORP. Study to be initiated from Nov 99
4. Operationalizing a cost effective tiered system for delivering ESP by the NGOs	RSDP and ORP	<ul style="list-style-type: none"> As a part of the study DHs study on selective visitation has been completed.
5. Assess motivation/ incentive factors for the Depotholders	RSDP and ORP	<ul style="list-style-type: none"> Components of incentive and motivation factors have been addressed in the DHs selective visitation study
6. Develop selective visitation plan for the DHs	RSDP and ORP	<ul style="list-style-type: none"> Preliminary findings of the DHs study has been used to develop a plan which is being piloted in selected thanas.
7. Documentation of action plan implementation process of IMP thanas	RSDP and ORP	<ul style="list-style-type: none"> ORP has documented action plan implementation process in five IMP thanas: Zakiganj, Debiganj, Gobindaganj, Kuliarchar, and Kamalganj. Discussion on draft report is complete

XII. LESSON LEARNED IN IMPLEMENTING THE WORKPLAN

- ◆ **Performance Management is Critical to Achieve Overall Program Goal.** RSDP is based on Results Framework. Results to be achieved are clearly defined and decentralized at different level of RSDP program implementation. The programmatic goals are set by levels of service delivery points for each NGO. As a part of performance management, the NGO keep track of their performance on monthly basis comparing with their set goals. RSDP also monitor the NGO performance tracking and provide technical assistance accordingly. Furthermore, periodical performance review of NGOs was also found very useful in assisting NGOs in identifying the issues which need to address to achieve goals as well as how to address them.
- ◆ **Service Delivery linked BCC Activities are Helpful to Increase Utilization of Services Among the Critical Targeted Customers.** RSDP observe deferent national Days linking with utilization of services by the critical customers including children, pregnant women and newlyweds. Such activities create awareness relating to the theme of the day as well as increase utilization of service delivery points. RSDP found that only making services available doesn't guarantee use. Community mobilization, rigorous marketing, and communication with customers must be complemented with availability of services.
- ◆ **The Findings of the Baseline Survey was Useful to Define the Program Strategies for the NGOs in Their Respective Renewal Process.** The baseline information were disseminated during the NGO renewal proposal development process. It helped the NGOs to better formulate their plan for FY2000. The baseline provided them with the option to recognize and relate the gaps with their own perception of service delivery and that of the customers and the community they serve. The plan thus developed will hopefully better serve the needs of the customers and at the same time increase the utilization of services. The baseline study findings were also very useful in the designing of interventions and identifying priority program areas for the FY2000 RSDP workplan.
- ◆ **Overall Understanding on the Technical Aspects of the Program Help the Managers to be More Supportive to the Service Providers.** RSDP organized Supervision and Quality Management Workshop enabled the NGO management staff to get comprehensive directions about the technical and quality aspects of the program as well as clear understanding of ESP components. It was a unique opportunity for the Project and Thana Managers to interact and share experiences. The NGO management staff are now feel more comfortable to support the service providers for the better implementation of the program.
- ◆ **Maintaining Timeframe by the Partners is Very Critical for Timely Implementation of the Workplan.** The second year workplan was better synchronized between partners with regard to timeframe and understanding of the proposed activities than year one. It was still observed that partners didn't initiate activities in which RSDP had a contributing and collaborating role on time, some activities were dropped or initiated at the end of the workplan. A large number of activities in the workplan are collaborative efforts and mostly depends on the initiative of the other partners. This resulted in incomplete collaborative work.
- ◆ **Intra and Inter Partnership Coordination Need is Paramount for effective transfer of skills and capabilities to the NGOs at the implementation.**

XIII. DESCRIPTION OF SPECIAL INITIATIVES

A. Post Flood Initiatives

RSDP undertook a number of activities to address the post-flood situation in RSDP NGO supported areas. RSDP procured medicine on emergency basis and distributed them to the flood affected people. RSDP, in collaboration with UNICEF, collected 12 types of medicine and ORS, and high protein biscuits and distributed to the flood affected 157 thanas. High protein biscuits were provided to the flood affected pregnant mothers during their 2nd trimesters as supplementary nutrition. Prior to medicine distribution, RSDP oriented NGO Project Managers on how they will distribute the medicine effectively avoiding misuse. A guideline was developed for the service providers to ensure an effective diagnostic and treatment procedure for common diseases in the flood affected areas. Moreover, RSDP developed and distributed a leaflet containing messages on diarrhea, ARI and Scabies among the flood affected people of 157 Thanas.

As soon as the floodwater receded, RSDP renovated the flood-affected static clinics and started offering service from there. In some cases, NGOs shared the responsibilities with the local GOB staff in cleaning tube wells.

B. Revolving Drug Fund (RDF)

Working together with UFHP, RSDP prepared four Monitoring, Training & Planning (MTP) Modules. These modules deal with policy and guidelines for RDF implementation. Using these MTP modules, NGOs can purchase, sell and distribute medicine at their respective clinic. These MTP modules have been translated into Bangla. For effective implementation, a 2-day training has been provided to the Project Managers, Monitoring Officers and Thana Managers on the use of MTP Modules. It may be mentioned here that the NGOs started RDF activities with their own money they generated through revenue generation activities in FPHSP. Social Marketing Company has recently provided Taka 3,749,000 for Revolving Drug Funds for the NGOs. Pathfinder is in process of distributing the fund to the NGOs so that they can take out their own money for other sustainability activities.

C. Strengthening of the Team Building Efforts

RSDP made an effort to strengthen relationship between team members and to enhance understanding of the team members through the development of norms, protocols, etc. RSDP took assistance of an Organization Development expert, Gail Zucker, in this process. She visited RSDP two times in this reporting period.

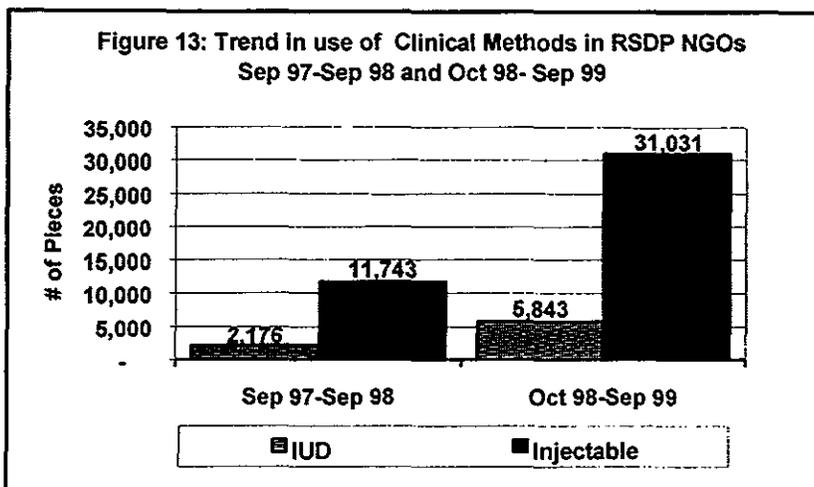
The first phase of the consultancy (November 24 - December 15, 1998) focused on meeting with RSDP management staff to discuss and identify the factors impacting the partnership, strengthen interpersonal and partnership relationships, facilitate trust building, and enhance the functioning of the Program Implementation Team.

The second phase of the consultancy (February 23 - March 15, 1999) focused on the RSDP Management Committee and the Implementing Teams to clarify their roles and responsibilities. The consultant provided training in Teambuilding and Performance Management. Also she proposed a simple Performance Management System for RSDP.

XIII. SUCCESS STORIES

A. Upward Trend in Performances of Clinical Methods

Performance in clinical methods in RSDP has registered a sharp upward trend. As figure 13 shows,



Injectable performance per month during Oct 98 - Sep 99 has increased 2.6 times over the previous year. Similarly, IUD performance during the year has increased 2.7 times, from 2176 to 5843. RSDP has begun to roll out increased offer of clinical methods through its clinic networks. Efforts were given to complete staff training and speed up DTC approval process of clinics to be able offer Injectable and IUD. The NGOs had also given emphasis to maintain close

collaboration with local GOB officials to streamline contraceptive supplies. Semi-annual NGO performance review helped the NGOs to find out the issues they need to resolve in order to improve their respective thana performance in particular clinical FP methods. These efforts resulted in a higher performance in clinical contraceptives.

B. Service Delivery Linked BCC Activities

Pathfinder believes in the strategy of result-oriented BCC activities and has introduced an innovative approach of BCC activities linking with utilization of services by the critical targeted customers. RSDP observed different days like 5th National Immunization Day, Safe Motherhood Day, World Population Day and World Breastfeeding Week. In addition to creating awareness relating to the theme of the day, RSDP made arrangement to provide services for different critical targeted customers including children, pregnant women and newlyweds. These activities would have an impact not only changing attitude and behavior of the customers to improve their health status but also increasing utilization of RSDP service delivery points. The following is the detail information about the activities the NGOs conducted and its outcome of offering services in observance of the day:

Polio Drops to Children on National Immunization Day (NID)

RSDP observed the 5th National Immunization Day throughout its 171 thanas. The 1st round NID was held on December 14, 1998 while the 2nd round was on February 2, 1999. A guideline was developed by RSDP to facilitate the NGOs to organize the days efficiently. The RSDP NGOs took part in the observance of the days in two ways - publicizing the day's program in the community in collaboration with GOB staff and providing Polio Vaccine and Vitamin A capsules to the children through RSDP static and satellite clinics. The NGOs provided services through 175 static clinic and 475 satellite clinics. An extensive



community mobilization was done in the catchment areas of these static and satellite clinics. In the 1st round, 495,600 children were provided with Polio drops and 402,331 children were given Vitamin A capsules. While in the 2nd round, 754,215 children were provided with Polio drops.

ANC-PNC Services to Mothers on Safe Motherhood Day

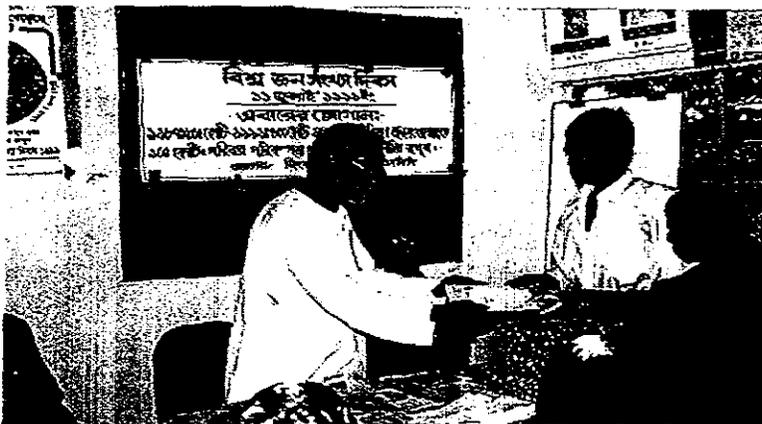
The Safe Motherhood Day was observed on May 28, 1999. RSDP observed the Safe Motherhood Day throughout its 171 Thanas at a wide scale. The pregnant and postpartum mothers were targeted for mobilization in order to provide ANC and PNC services to them and linked themselves with service delivery points for follow-up services. RSDP developed a guideline to implement the program in a uniform way. ANC and PNC services were provided from all of its 175 static clinics and selected 340 satellite clinics at free of cost. Although it was a Friday, a large number of pregnant and postpartum mothers turned out at the RSDP service delivery points. A total of 6,991 pregnant mothers were provided with ANC services while 1,895



postpartum mothers were provided with PNC services. Among the pregnant mothers, 1,791 received TT immunization as well.

Orientation to Newlywed Couples on World Population Day

World Population Day was observed on July 11, 1999 in the context of an alarming situation that the world population would be reached to an estimated 6 billion within the year. RSDP observed the day targeting most critical underserved group Newlywed Couples (NWC). Observation of this day was also



linked with the provision of services for the NWCs along with the discussion meeting to orient them about the availability family planning and other essential services in the RSDP service delivery points. These orientation meetings were attended by 29,633 community people. Of them, 9,005 were newlyweds. Of the newlyweds attended the orientation meetings, 8,312 received family planning and other health related services. Local GOB officials and community

leaders including Civil Surgeon (CS), Deputy Director, Family Planning (DD/FP), Assistant Commissioner (AC), Assistant Director, Clinical Contraception (AD/CC), Thana Health and Family Planning Officer (THFPO), Thana Family Planning Officer (TFPO), Medical Officer (MCH-FP), Union Parishad Chairman and Members, College Professors and School Teachers attended as guest speakers in these meetings.

Fully Immunized and Breastfed Baby Shows on World Breast feeding Week

RSDP had undertaken an innovative and massive campaign program during August 1-7, 1999 in observing World Breast Feeding Week. Community meetings were organized at static and satellite clinics to disseminate the usefulness of the breast-feeding to get healthy children and responsibility of the



community in particular of the parents to ensure it. Baby shows were also organized with the community meetings at the RSDP static clinics. The babies aged between ten to twelve months, exclusively breast fed for the first six months and fully immunized were selected for these shows. These children were given prizes for their 'Model Health Behavior'. In total 42,068 participants attended in these discussion meetings at static and satellite clinics. Besides, 10,785 babies took part in the baby shows at static clinics. Of them, 3,192 were

accompanied with the both father and mother, 6,614 with only mothers and 980 with only fathers.

A large number of GOB officials and community leaders including CS, DD/FP, AC (Land), AD/CC, THFPO, MO (MCH-FP), TFPO, UP Chairman, UP Member, College and School Teachers were attended these discussion meetings and baby shows.

C. NGO Performance Management Process

Pathfinder adopted NGO performance management process as a strategy to enhance NGO capabilities to develop their own program goals by themselves and keep track to achieve it. The NGO performance management process include RSDP-NGO goal setting activities, monthly performance tracking and semi annual performance review. At the beginning year, these activities were mostly conducted by RSDP while the findings were disseminated to the NGOs through TA unit. In the second year, these activities were mostly done by the TA unit and NGO level while RSDP Dhaka staff provided technical assistance as required. The following is the update about the progress the NGOs made regarding NGO performance management process during this period:

RSDP-NGO Goal Setting Activities

RSDP NGOs have been successful in developing capabilities of its Thana level staff to develop their respective Thana goals estimating customers of the areas they cover and setting population-based goals for critical ESP indicators. RSDP refined and updated goal setting guideline and provided necessary technical assistance. DHS (1996-97) estimates were used to determine estimated number of ELCOs, Pregnant women, under one children and under five children. The critical ESP indicators include use of: pill, condom, Injectable and IUD distribution; TT immunization and ANC services; child immunization and treatment of diarrheal diseases of the children. RSDP organized 12 regional meetings with the NGO and Thana Managers to set their respective thana goals.

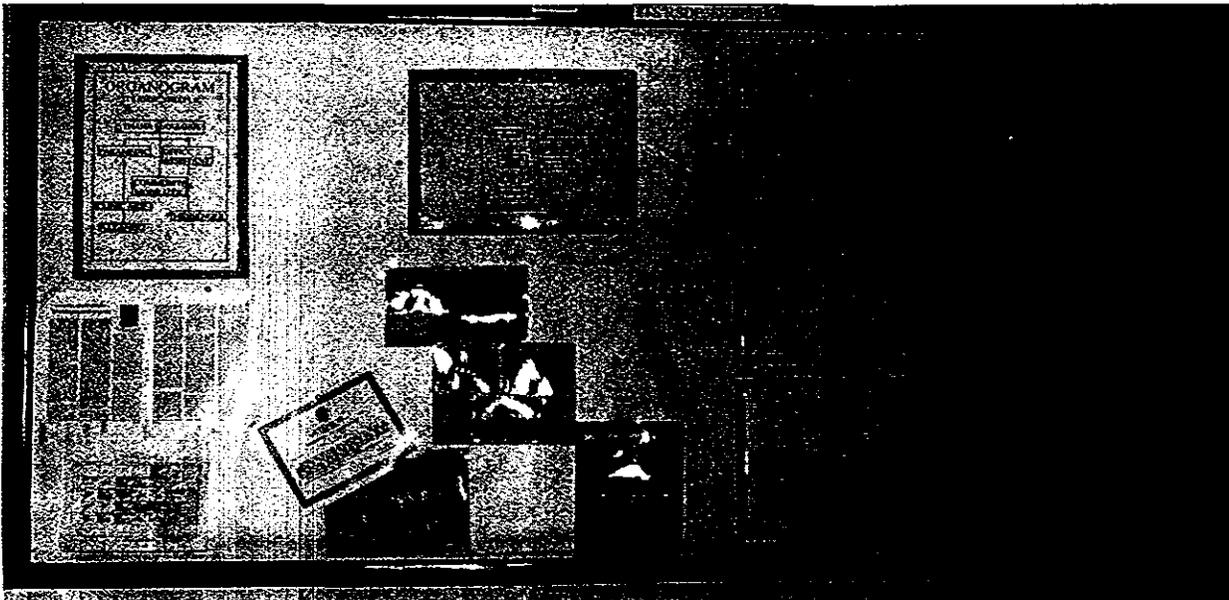
Monthly Thana level performance tracking

RSDP NGO central and Thana level staff developed their skills to track and analyze their performance on monthly basis comparing with their set goals. They also learned how to prepare charts and graphs to track

the progress for their display boards. Each TA unit, NGO central and Thana offices have the following four graphs and charts in their display boards as a monthly performance tracking activities:

- *RSDP program goals for October 1998 – September 1999*
- *Achievement status of RSDP program goals*
- *Contraceptive distribution goal and achievement*
- *Maternal and child health goal and achievement*

Outcome of this exercise was very encouraging. This exercise contributed to increase the program performance of the NGOs. The following picture shows a view of a display board of a Thana with monthly performance tracking charts:



Semi-annual NGO Performance Review

RSDP organized semi-annual performance review meetings with NGO central staff and Thana Managers. In the meetings, NGOs presented their progress they have made so far comparing with their individual Thana goals in the following three areas.

- ◆ *ELCO Coverage and Utilization of the Service Delivery Points*
- ◆ *Family Planning Performance*
- ◆ *Maternal and Child Health Services*

As a part of the technical assistance, a self-explanatory guideline along with a prototype presentation was prepared so that NGOs can make their analysis accordingly. Through a group work, each Thana Managers also identified the issues need to be addressed to achieve their annual goals and made a plan to address them. This semi annual performance review greatly contributed to achieve overall RSDP program goals.

XV. BCC ACTIVITIES CONDUCTED BY RSDP

Bangladesh Center for Communication Programs (BCCP) undertook/completed the following BCC activities in the reporting year:

A. Thana specific BCC plan

The development of Thana specific BCC plan has been a great success for this year's accomplishment. The need for development of Thana specific BCC plans has been felt for more than a year back. After the development of initial concept further development process was started from November 1998.

At the first stage consultative meetings were conducted with nine RSDP Thanas to assess the types of BCC activities being implemented by the members of Thana team at local level. At the second stage a workshop was held with the members of four Thana teams. A draft Thana BCC Plan was developed in this workshop.

The Thana specific BCC plan has been introduced in this year's NGO project renewal process. The Projects have set their BCC goal along with other program goals they have been setting for one-year period. The goals were set keeping into consideration the level of community awareness on ESP and the service delivery points as the respective NGOs have assessed from the outcome of Baseline Survey. Thana specific BCC plan would be beneficial and great support for the NGOs in order to record their efforts which they are currently working on and also in assuming the level of input they are expected to provide while implementing BCC activities.

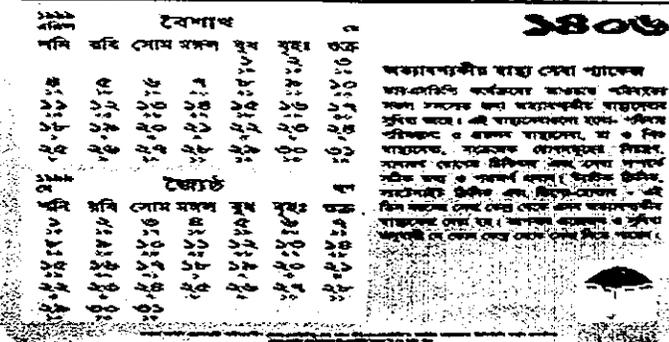
B. BCC Materials

During the year a number of BCC materials/messages were conceptualized, designed, developed, pre-tested, produced and distributed:

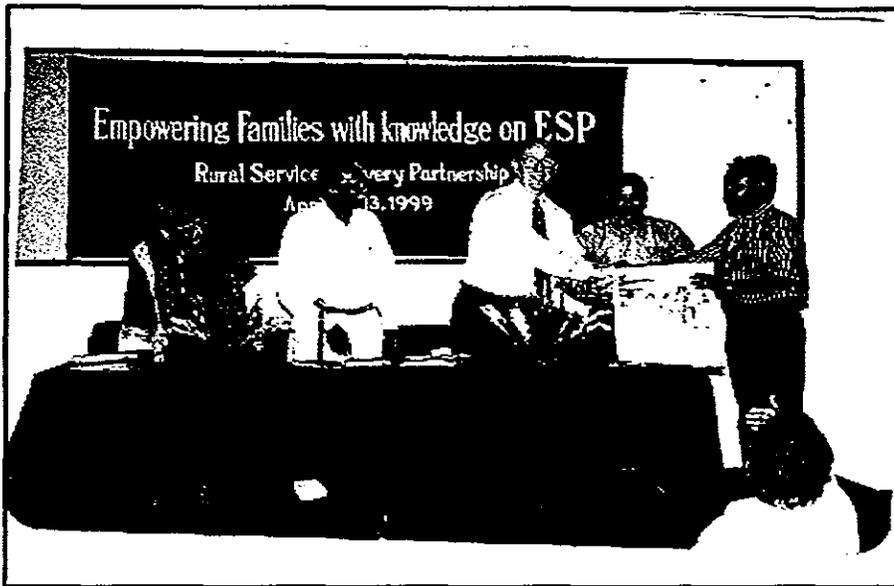
RSDP Bangla calendar: For several years in the past, Pathfinder had the greatest success in the



Pathfinder had the greatest success in the widespread acceptance and use of Bangla Calendar. Pathfinder with assistance from BCCP reintroduced the Calendar in RSDP. Large number of calendars (175,000 copies) produced and distributed provided useful information on ESP services and providers and have been easily adapted into the everyday life of the rural communities. The demand of the calendars has increased to three-fold compare to the last year. The calendar is priced at taka ten each. But the price did not have any negative effect on its demand. The added value of the calendar is that the NGOs generate substantial amount of revenues by selling the calendars.



The calendar is considered a BCC tool for empowering families with knowledge on ESP. A guideline was



developed to facilitate the effective distribution and use of the calendars. The Thana Managers were oriented on the distribution and use of calendars. The orientation session was attended by Mr. Gordon West, Mission Director, USAID, Dhaka and Ms. Margaret Neuse, Team Leader, Office of Population Health and Nutrition. All the 19 NGO and the 171 Thana managers of attended the orientation program.

TV and Radio spots: In order to promote RSDP clinics and inform the people about the available ESP services, TV and Radio spots were developed. The spots were broadcast through Bangladesh Television and Bangladesh Betar. During this period TV spot was broadcast for 39 times from BTV while Radio spots was broadcast for 264 times from the six major Radio stations of Bangladesh Betar.

Prototype miking announcement flyer and leaflet: A prototype miking announcement flyer and leaflet were developed and sent to RSDP NGOs. The purpose was to inform the community people the date, time and place of the satellite clinic sessions.

Depot Holder signboard: A prototype signboard was developed to help community people to easily identify the house of the Depot Holders and to provide information on the services available from them.

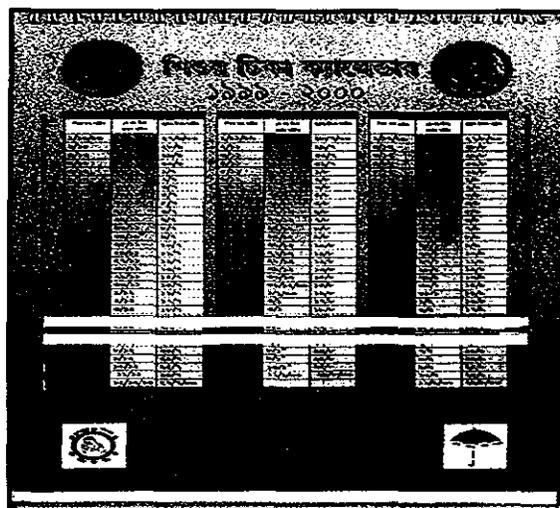
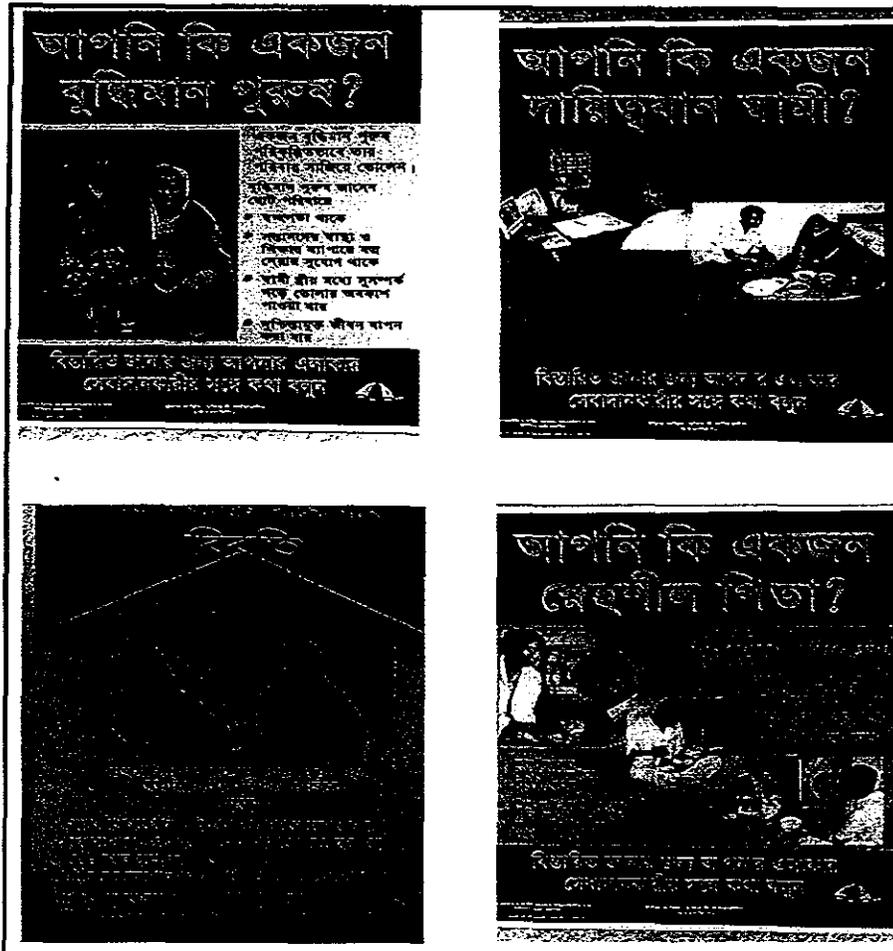
Post flood BCC: After the devastating flood of 1998, RSDP, in addition to other services undertook activities to provide health messages to the people of flood affected RSDP NGO areas. The health messages were developed on three major health concerns -- Diarrhea, ARI and Scabies, which commonly occur in the flood affected areas as post flood hazards. A number of one hundred and thirty four thousand of leaflets were distributed to one hundred and thirty four flood affected RSDP thanas.

Poster on Low Parity Couple: Addressing low parity couples has been recognized as a very important critical issue. Lower fertility and better reproductive and maternal health can be achieved if the low parity couples become adopter of family planning. In order to promote the benefit of small family of no more than two children, 85,500 posters on low parity couples, 500 for each Thana, were developed and sent to the RSDP NGOs – the posters emphasized spacing between births.

Announcement flyer on the 5th NID: RSDP thanas were involved in the National Immunization Day's program with special emphasis on publicizing the day's program in the community to observe on December 14, 1998 as first round and February 02, 1999 as second round.

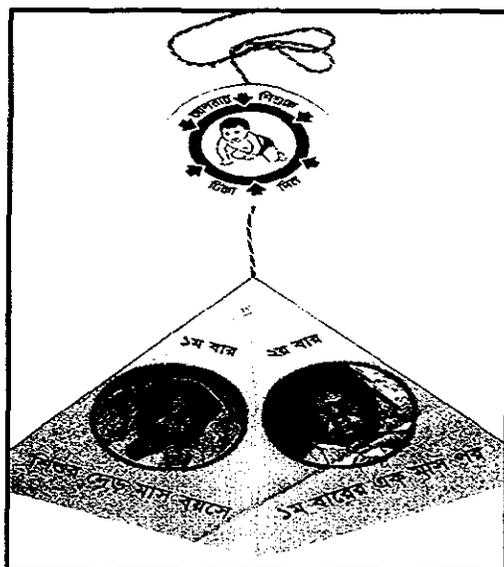
Poster on Male Involvement: Three posters were brought out on male involvement. The male members

of the community have an important role in seeking and promoting ESP services. To make them aware and conscious of their role, posters on male involvement were developed. A number of 85,500 such posters, 500 for each Thana, were developed and distributed during this period.



EPI calendar: This calendars were jointly developed by UFHP and RSDP. The service providers have an important role to prevent the dropout rate of EPI by informing the parents/guardians about the exact date of the next immunization schedule. The EPI calendar will facilitate the service providers to readily get the dates of next EPI doses. RSDP distributed EPI calendars to each one of 690 FWVs/Paramedics in RSDP.

EPI take away material: Studies show that one of the major causes of dropout in EPI is that the parents forget the dates of next dosage. RSDP and UFHP jointly developed a colorful EPI take away material so that the guardians would feel tempted to hang it somewhere in the room as a reminder of the next EPI doses for their children as well as a decoration piece in their house. A total of 92,700 EPI take away materials were developed which are being distributed to the mothers who come to clinics for ANC2 and guardians who accompany the children for DPT-1.



Video from the extracts of Sabuj Sathi: A 30-minute video off-take was developed and distributed to those RSDP clinics, which have television and video player. This video is the extract from the popular television drama serial 'Sabuj Sathi'. Sections relevant to ESP services were extracted to develop this video and would be played in the waiting room of the RSDP static clinics. On a pilot basis, fifty-four RSDP static clinics were given the videocassettes.

RSDP diary: All the Thana team members should have the basic and first hand information on RSDP. The first few pages of the 1999 diary were used to provide this information. The diary was distributed to the RSDP staff to record their day to day activity. During the year, it was observed and found that the diary was used more as a very effective service delivery management tool.

Satellite clinic banner: A revised satellite clinic banner was developed and distributed to the RSDP NGOs. The revisions were made to respond to the feed back received from NGO and TA Units. The banner identifies the location of the satellite clinics and draws attraction of the people to come to the satellite clinics for services.

Satellite clinic sign board: In order to provide information regarding the available services being rendered from satellite clinics and to identify the house as satellite clinic location, a sign board for the satellite clinic was developed. The other purpose of the signboard was to acknowledge the contribution of owner of the house where satellite clinics are held.

List of BCC materials developed/sent to the RSDP thanas during this reporting period is listed in the Table 10.

Table 10: List of BCC materials developed for the RSDP Thanas

1.	TV and Radio spot	Rural Community	TV spot broadcast – 39 times Radio spot broadcast – 264 times	-
2.	A miking announcement flyer announcing date, time and place of satellite clinic session	Community people	-	Prototype
3.	A leaflet describing the date, time and	Community people	-	Prototype

	Materials	Target Audience	No. of Copies Sent	Details
	place of the satellite clinics			
4.	Sign Board for the Depot-holders	Community people	-	Prototype
5.	Poster	Low parity couple	500 for each thana	-
6.	A flyer for announcement through miking on the eve of 5 th NID	Community people	-	Prototype
7.	Poster on Male involvement	Male members of the community	500 for each thana	-
8.	EPI calendar	Service providers	One for each team	-
9.	EPI take away material	Women for ANC-2 and guardians of DPT-1	92,700 pieces	-
10.	Leaflet on ARI, CDD and Scabies	Community people of the flood affected RSDP areas	10,000 for each of the flood affected RSDP thanas	-
11.	Video from the extracts of Sabuj Sathi	Waiting customers came to the static clinics	54 cassettes to 54 static clinics	-
12.	RSDP Diary	Members of the staff of RSDP NGO	3,000 copies	-
13.	Revised satellite clinic banner	Community people	518	-
14.	Satellite clinic signboard	Community people	-	Prototype
15.	Bangla Calendar	Community people	175,000	-

Besides producing of new BCC materials, existing BCC materials were collected from different organizations and were distributed among RSDP service providers. These include: Health Information Book produced by Unicef, Poster on HIV/AIDS produced by FICCI and leaflet on messages for protection of child health produced by BASICS. List of the BCC materials collected from other organizations are listed in the Table 11.

Table 11: BCC materials collected from other organizations for use in RSDP

	Materials	Target Audience	No. of Copies Sent	Details
1.	Poster on AIDS	Customers coming in the static clinics	02 for each thana	Collected from FICCI
2.	Health Information Book	Community Mobilizer and Depot-holders	All CM and DH of RSDP	Collected from UNICEF
3.	Leaflet carrying messages on child health protection	RSDP service providers	Per number of service providers of RSDP thana team	Collected from BASICS
4.	Poster, leaflet, brochure	Community people	Collected on the eve of Safe Motherhood Day, World Population Day and World Breast feeding Week	Collected from Health Education Bureau, BCC Unit and Bangladesh Breast feeding Foundation

C. BCC for National Program

BCCP, as the member of the Smaller Task Force, contributed for the development of the National BCC Strategy for the Health and Population Sector. The revised document was submitted to the Ministry of Health and Family Welfare for approval.

HIV/AIDS BCC Strategic Implementation Plan: After the Consensus Building Workshop, BCCP - as the secretariat of the HIV/AIDS BCC Strategy Development Task Force, compiled the recommendations and suggestions of the workshop. The recommended priority activities document and the revised strategic implementation plan were circulated. The documents are in the process of approval by the Ministry of Health and Family Welfare.

BCC Technical Support to GOB: BCCP provided BCC technical supports as requested by the IEC Technical Committee and the IEC Coordination Committee of the Ministry of Health and Family Welfare and the Behavior Change Communication Unit (BCCU).

XVI. ACHIEVEMENT OF MAJOR LONG-TERM OBJECTIVES

Over the last two years, RSDP had continued its efforts in increasing use of high impact family health services in rural areas, improving the quality of information, services and providers, strengthening local service delivery organization and creating sustainable family health service systems. In the first year, RSDP focused on setting up service delivery infrastructure, getting approval from GOB, completing staff recruitment and orienting them in providing ESP as well as on RSDP program strategy. The second year was focused on consolidating the above efforts as well as intensifying services and coverage. The following is brief achievement status of the long-term objective of RSDP:

1. In conformity with its objective of serving low performed geographic areas and underserved groups, RSDP-NGOs now implement ESP in 171 rural Thanas. Of these 171 Thanas, 96 are low performing. RSDP cover 2.14 millions ELCOs - very close to the RSDP's goal of serving 2.2 millions ELCOs. RSDP offer ESP services through its 175 Static clinics, 6,956 monthly satellite clinics and 8,807 Depot-holders. Static and Satellite clinics provide most of the components of ESP while DH provide limited ESP including distribution of pill, Condom, ORS with SMC contraceptives and serve as referral linkage between customer and service delivery points. Utilization of these "one-stop" service delivery points is impressive and increasing over time. The service delivery network and the providers pay focused attention to underserved groups of population – newlywed, pregnant and postpartum women, males and children.
2. RSDP is implementing a comprehensive BCC activities starting from community level meeting to development of several BCC materials including posters, booklet, calendars, etc. Thana specific BCC plan is being implemented. Innovative approach of service delivery linked BCC activities helped the program to address critical underserved group including newlyweds, pregnant women and children. All these efforts are greatly contributing to generate community support and awareness about the service delivery points and their utilization.
3. In partnering with QIP, RSDP Introduced Quality Assurance System including QA visits and COPE exercise for static clinic, developing different technical standard and service delivery protocols and providing training to increase skills of the service providers to offer full package of ESP. RSDP also trained non medical NGO management staff on supervision and quality management of ESP so that they become more knowledgeable to support service providers and ensure quality of services.
4. The NGOs have already established linkage with Thana Health Complex, MCWC to refer customers for sterilization, Norplant and contraceptive related complication, children severe ARI and Diarrheal cases, high risk pregnancies, etc. The NGO have taken initiative to formalize the referral linkage during the FY2000 workplan.
5. Each of the RSDP Thanas has revolving fund for medicine and for SMC contraceptives. RSDP NGOs introduced nominal pricing for each of the ESP services and supplies. From these efforts, the NGOs recovered and shared 9 percent – up from last year's 5.6 percent of their operating cost during this reporting period.

XVII. PIPELINE ANALYSIS AGAINST BUDGET LINE ITEMS

The following pipeline analysis with burn rate since inception of the project to September 1999 is based on disbursements. Total budget of the RSDP cooperative agreement for 5-years is \$35.43 million, as of now (Modification No 5) there has been a total obligation of \$20.9 million. Till September 30, 1999, there was cumulative expenditure of \$12.6 million, giving a pipeline of \$8.4 million as of October 1, 1999.

Budget Category	Total Budget per CA	Total Obligation through 1-Aug-00	Cum Exp. as of 30-Sep-99	Pipeline as of 1-Oct-99	Burn Rate since inception (25 months)	Expenditures for last 12 months (10/98-9/99)	Burn Rate for last 12 months
	A	b	C	d=b-c	e=c/25	F	g=f/12
A. DIRECT COSTS:							
1. Salaries	1,227,400	718,864	732,124	(13,260)	29,285	358,782	29,899
2. Benefits	639,791	374,713	213,541	161,172	8,542	75,361	6,280
3. Travel Costs	569,709	333,667	289,810	43,857	11,592	165,813	13,818
4. Equipment & Supplies	203,495	119,183	170,510	(51,327)	6,820	85,168	7,097
5. Other Direct Cost	688,367	976,544	1,028,253	(51,709)	41,130	359,857	29,988
B. SUB-AWARDS							
BRAC subcontract	11,563,940	6,782,855	2,687,573	4,095,282	107,503	1,405,802	117,150
BCCP subcontract	3,531,051	2,091,231	421,891	1,669,340	16,876	37,246	3,104
JHU subcontract	415,760	243,502	185,571	57,931	7,423	66,540	5,545
Other NGO Subgrants	12,808,365	7,306,813	5,708,373	1,598,440	228,335	3,460,697	288,391
C. INDIRECT COST:	3,782,298	1,962,484	1,113,819	848,665	44,553	539,520	44,960
TOTAL RSDP COST:	35,430,176	20,909,856	12,551,465	8,358,391	502,059	6,554,786	546,232

Burning rate: Total expenditure of the last 12 months has been \$6.6 million. This gives an average monthly burning rate of \$546,232 for the last 12 months. This shows an increased burning rate compared to monthly average burning rate of \$502,059 since inception of the project till September 1999.

Expenditure by the Partners: Out of BRAC's total RSDP budget of Tk.177,367,979 there has been estimated expenditure of Tk 19,406,809 up to September 1999. This is equivalent to 83 percent of the budget. There has been over expenditure in budget categories "travel, transportation and per diem" (115%), and "Staff development and training" (120%). Major under-expenditure are in "fringe benefit" (39%), equipment and supplies (36%), and NGO Sub-grants (51%).

Out of BCCP's total RSDP budget of Tk 70,784,308 there has been expenditure of Tk 37,923,827 up to September 1999. This is equivalent to 54 percent of the budget. There has been under-expenditure in all the budget categories, the major ones are "IEC support cost" (44%), "training" (29%), and "travel and transport" (46%).

Expenditure by the (NGO) Sub-grantees: Rate of expenditure of the NGOs in relation to the amount obligated is comparatively better. The total estimated expenditure by the 16 NGO up to September 1999 is 81 percent. Three major low spending NGOs are, BBCFWA (62%) because of its closure due to management problem, SUS (58%) also due to management problem, and VPKS (71%).

Although audit for BBCFWA is completed, the problem cannot be settled yet. The bank accounts with Tk 900,000 still remained un-operational, and unpaid obligations cannot be paid yet. The 15 BBCFWA Thanas are reallocated to other RSDP NGO in order to keep continuing ESP services in those Thanas. In case of SUS, the management problem still persists. The NGO's main bank account with approximately Tk 2,700,000 is also kept on "freeze" by a court order. Pathfinder is making direct payments to the staff in order to keep the service delivery continued in low performing Thanas of the project areas in Chittagong district.

Appendix-A

Monthly Performance Report
of RSDP
September 1999

Performance Report of RSDP Thana for the period of September 1999

Sl no	Thana	NGO Alias	TA Unit	District	Division	A. Child Health Services					B. Reproductive Health Services					
						Childhood Illness <5 Years					PNC					
						Diarrhoea		Dysentery	Common Cold	ARI	Pneumonia	ANC-1	ANC-2	ANC-3+	Referral	1st
No Dehydration	At Least Some Dehydration															
1	Alfadanga	BAMANEH	Faridpur	Faridpur	Dhaka	239	94	2	11	15	45	55	11	0	2	1
2	Boalmari	BAMANEH	Faridpur	Faridpur	Dhaka	188	134	0	21	1	19	36	11	0	9	0
3	Chandina	BAMANEH	Habiganj	Comilla	Chittagong	210	2	0	6	0	43	116	6	0	2	0
4	Dohar	BAMANEH	Dhaka	Dhaka	Dhaka	244	88	4	20	104	18	108	2	1	3	0
5	Gabtol	BAMANEH	Nilphamari	Bogra	Rajshahi	193	0	1	2	2	27	105	14	0	0	0
6	Keraniganj	BAMANEH	Dhaka	Dhaka	Dhaka	214	87	2	5	42	86	166	40	0	7	0
7	Nowabganj	BAMANEH	Dhaka	Dhaka	Dhaka	150	83	7	46	27	72	55	43	17	13	2
8	Shibganj	BAMANEH	Nilphamari	Bogra	Rajshahi	25	3	0	20	0	18	54	12	0	1	0
9	Sonatola	BAMANEH	Nilphamari	Bogra	Rajshahi	79	2	1	15	5	41	22	9	0	0	0
10	Companiganj	BANDHAN	Feni	Noakhali	Chittagong	7	47	2	12	5	15	18	5	0	2	0
11	Senbag	BANDHAN	Feni	Noakhali	Chittagong	25	0	1	4	5	15	6	1	0	0	0
12	Azmiriganj	BRAC	Habiganj	Habiganj	Sylhet	58	16	5	18	7	43	39	34	0	19	13
13	Bahubal	BRAC	Habiganj	Habiganj	Sylhet	159	114	86	105	14	99	88	45	5	25	31
14	Banlachang	BRAC	Habiganj	Habiganj	Sylhet	42	258	6	23	1	142	121	219	2	54	72
15	Barolekha	BRAC	Habiganj	Moulvibazar	Sylhet	161	133	1	8	5	68	69	82	4	32	39
16	Bhaluka	BRAC	Dhaka	Mymensingh	Dhaka	135	17	21	25	5	122	103	81	5	14	17
17	Chatak	BRAC	Habiganj	Sunamganj	Sylhet	111	107	12	20	4	83	69	23	134	30	42
18	Chunarughat	BRAC	Habiganj	Habiganj	Sylhet	153	237	2	10	3	126	98	45	7	33	3
19	Dewrabazar	BRAC	Habiganj	Sunamganj	Sylhet	82	75	11	58	11	119	67	32	7	15	17
20	Dharmapasha	BRAC	Habiganj	Sunamganj	Sylhet	103	35	30	52	3	125	122	88	13	33	23
21	Dimla	BRAC	Nilphamari	Nilphamari	Rajshahi	150	66	33	17	5	218	127	97	10	45	41
22	Domar	BRAC	Nilphamari	Nilphamari	Rajshahi	247	197	1	23	15	208	145	127	1	40	31
23	Habiganj	BRAC	Habiganj	Habiganj	Sylhet	87	42	4	13	4	201	102	64	18	34	7
24	Jaldhaka	BRAC	Nilphamari	Nilphamari	Rajshahi	79	41	34	43	19	147	154	284	1	52	24
25	Jhinalgati	BRAC	Dhaka	Sherpur	Dhaka	295	207	8	41	10	125	106	56	2	47	83
26	Kamalganj	BRAC	Habiganj	Moulvibazar	Sylhet	148	71	40	72	24	84	82	65	10	30	39
27	Kishoreganj	BRAC	Nilphamari	Nilphamari	Rajshahi	121	84	36	142	18	219	132	134	17	64	41
28	Kulaura	BRAC	Habiganj	Moulvibazar	Sylhet	261	132	48	146	20	188	161	220	16	72	80
29	Lakhal	BRAC	Habiganj	Habiganj	Sylhet	126	123	0	18	0	119	100	46	1	35	4
30	Madhabpur	BRAC	Habiganj	Habiganj	Sylhet	264	30	5	60	5	118	104	63	2	38	34
31	Moulvibazar	BRAC	Habiganj	Moulvibazar	Sylhet	230	100	62	68	1	125	125	113	13	34	38
32	Muktogochha	BRAC	Dhaka	Mymensingh	Dhaka	111	15	0	122	13	43	56	41	3	17	7
33	Nabiganj	BRAC	Habiganj	Habiganj	Sylhet	177	57	14	24	15	202	167	96	1	86	103
34	Nakhla	BRAC	Dhaka	Sherpur	Dhaka	243	125	71	244	7	146	141	214	0	25	27
35	Nalitabari	BRAC	Dhaka	Sherpur	Dhaka	402	207	69	145	33	203	186	174	6	67	50
36	Nilphamari	BRAC	Nilphamari	Nilphamari	Rajshahi	401	357	84	140	38	216	211	279	21	62	97
37	Rajanagar	BRAC	Habiganj	Moulvibazar	Sylhet	80	33	15	0	18	106	104	207	1	16	10
38	Saidpur	BRAC	Nilphamari	Nilphamari	Rajshahi	207	112	59	145	3	88	76	220	14	51	65

Performance Report of RSDP Thana for the period of September 1999

Sl no	Thana	NGO Alias	TA Unit	District	Division	A. Child Health Services					B. Reproductive Health Services					
						Childhood Illness <5 Years					Pregnancy Care					PNC
						Diarrhoea		Dysentery	Common Cold	ARI	Pneumonia	ANC-1	ANC-2	ANC-3+	Referral	
No Dehydration	At Least Some Dehydration															
77	Kasba	JUSSS	Habiganj	B.Baria	Chittagong	22	0	0	45	0	24	21	3	0	9	0
78	Nabinagar	JUSSS	Habiganj	B.Baria	Chittagong	0	4	0	0	21	23	12	15	0	7	0
79	Nasimagar	JUSSS	Habiganj	B.Baria	Chittagong	14	25	4	32	0	35	33	12	0	1	0
80	Sarail	JUSSS	Habiganj	B.Baria	Chittagong	84	32	21	52	12	43	50	28	0	10	3
81	Bhedarganj	MMKS	Faridpur	Shariatpur	Dhaka	347	12	24	28	8	17	56	13	0	13	5
82	Damudya	MMKS	Faridpur	Shariatpur	Dhaka	32	37	2	25	7	22	45	6	0	7	1
83	Gosalrhat	MMKS	Faridpur	Shariatpur	Dhaka	72	14	13	29	177	27	91	23	2	19	10
84	Rajlar	MMKS	Faridpur	Madaripur	Dhaka	353	0	13	76	20	39	79	22	0	27	9
85	Shibchar	MMKS	Faridpur	Madaripur	Dhaka	137	0	5	38	17	19	75	31	0	8	0
86	Zanjira	MMKS	Faridpur	Shariatpur	Dhaka	104	69	11	82	4	62	100	1	0	27	5
87	Kumarkhall	PJS	Faridpur	Khustia	Khulna	49	14	43	117	7	46	36	2	0	14	0
88	Badalgachi	PSF	Nilphamari	Naogaon	Rajshahi	90	16	17	3	4	56	54	26	1	20	1
89	Belabo	PSF	Habiganj	Narsingdi	Dhaka	111	0	11	25	0	30	30	12	3	10	0
90	Biol	PSF	Nilphamari	Dinajpur	Rajshahi	11	0	3	18	0	38	15	11	0	2	0
91	Burichang	PSF	Habiganj	Comilla	Chittagong	0	0	12	65	0	2	20	25	0	1	0
92	Oaudkandi	PSF	Habiganj	Comilla	Chittagong	0	8	2	11	0	18	8	7	0	1	0
93	Dhamulrhat	PSF	Nilphamari	Naogaon	Rajshahi	1	6	0	30	32	26	35	6	0	0	0
94	Kazipara	PSF	Nilphamari	Sirajganj	Rajshahi	2	100	88	43	11	16	56	4	5	3	0
95	Louhajang	PSF	Dhaka	Munshiganj	Dhaka	74	1	5	3	11	12	8	8	0	2	0
96	Mithapukur	PSF	Nilphamari	Rangpur	Rajshahi	102	124	16	38	24	40	81	32	0	16	6
97	Monohardi	PSF	Habiganj	Narsingdi	Dhaka	41	0	0	14	0	72	43	24	0	9	0
98	Muradnagar	PSF	Habiganj	Comilla	Chittagong	3	1	4	22	1	39	4	0	0	3	0
99	Parbattipur	PSF	Nilphamari	Dinajpur	Rajshahi	105	98	0	11	1	88	65	39	0	5	0
100	Pirgacha	PSF	Nilphamari	Rangpur	Rajshahi	401	85	6	5	4	38	27	5	0	4	0
101	Pirganj	PSF	Nilphamari	Rangpur	Rajshahi	248	227	88	65	11	0	53	0	73	30	0
102	Raipura	PSF	Habiganj	Narsingdi	Dhaka	81	126	0	1	6	44	100	20	0	0	3
103	Shahajadpur	PSF	Nilphamari	Sirajganj	Rajshahi	50	0	5	21	2	30	11	3	0	4	0
104	Sreenagar	PSF	Dhaka	Munshiganj	Dhaka	27	0	5	67	0	37	33	5	0	7	0
105	Sreepur(PSF)	PSF	Faridpur	Magura	Khulna	97	1	0	8	0	22	35	7	0	2	0
106	Sujanagar	PSF	Nilphamari	Pabna	Rajshahi	368	5	2	19	5	30	89	6	0	4	0
107	Ullapara	PSF	Nilphamari	Sirajganj	Rajshahi	116	166	7	66	6	26	24	10	1	3	0
108	Oheramara	PSKS	Faridpur	Khustia	Khulna	462	225	1	29	0	77	56	92	0	1	0
109	Daulatpur	PSKS	Faridpur	Khustia	Khulna	361	169	1	18	1	131	75	70	0	11	0
110	Gangni	PSKS	Faridpur	Meherpur	Khulna	912	0	1	26	0	137	110	127	2	22	0
111	Kashiani	SGS	Faridpur	Gopalganj	Dhaka	277	79	6	81	63	49	95	3	0	7	0
112	Muksedpur	SGS	Faridpur	Gopalganj	Dhaka	359	150	141	287	48	10	83	0	0	12	0
113	Tongipara	SGS	Faridpur	Gopalganj	Dhaka	47	72	45	53	51	11	28	1	0	3	0
114	Balaganj	Shimantik	Habiganj	Sylhet	Sylhet	21	12	0	29	4	32	15	0	0	18	0

Performance Report of RSDP Thana for the period of September 1999

Sl no	Thana	NGO Alias	TA Unit	District	Division	A. Child Health Services					B. Reproductive Health Services					
						Childhood Illness <5 Years					PNC					
						Diarrhoea		Dysentery	Common Cold	ARI	Pneumonia	ANC-1	ANC-2	ANC-3+	Referral	1st
No Dehydration	At Least Some Dehydration															
153	Kalihati	SWANIRVAR	Dhaka	Tangail	Dhaka	368	15	14	36	17	99	109	19	5	5	0
154	Karimganj	SWANIRVAR	Dhaka	Kishoreganj	Dhaka	306	11	5	15	9	40	63	4	0	0	0
155	Kattadi	SWANIRVAR	Dhaka	Kishoreganj	Dhaka	409	325	4	62	50	81	82	2	0	22	0
156	Kulliarchar	SWANIRVAR	Dhaka	Kishoreganj	Dhaka	295	18	1	14	29	75	47	23	0	0	0
157	Lalmohan	SWANIRVAR	Faridpur	Bhola	Barisal	112	43	1	54	0	42	77	0	0	0	0
158	Madhupur	SWANIRVAR	Dhaka	Tangail	Dhaka	269	45	2	16	13	56	10	0	0	0	0
159	Melandah	SWANIRVAR	Dhaka	Jamalpur	Dhaka	29	3	0	17	10	46	40	3	0	1	0
160	Monpura	SWANIRVAR	Faridpur	Bhola	Barisal	396	116	102	116	34	60	21	0	0	26	4
161	Nagarpur	SWANIRVAR	Dhaka	Tangail	Dhaka	103	41	4	14	0	50	57	8	0	13	0
162	Nikli	SWANIRVAR	Dhaka	Kishoreganj	Dhaka	40	6	5	22	0	3	14	3	0	1	1
163	Pakundia	SWANIRVAR	Dhaka	Kishoreganj	Dhaka	167	115	1	35	22	6	107	6	3	16	10
164	Panchbibi	SWANIRVAR	Niphmari	Jaipurhat	Rajshahi	174	79	16	2	20	34	65	12	0	0	0
165	Parshuram	SWANIRVAR	Feni	Feni	Chittagong	129	285	5	18	4	7	43	0	0	0	0
166	Savar	SWANIRVAR	Dhaka	Dhaka	Dhaka	71	33	9	47	8	32	70	0	3	18	3
167	Sonagazi	SWANIRVAR	Feni	Feni	Chittagong	84	59	2	2	15	40	68	13	0	7	0
168	Tarail	SWANIRVAR	Dhaka	Kishoreganj	Dhaka	117	1	5	31	14	40	30	1	29	14	1
169	Tazumuddin	SWANIRVAR	Faridpur	Bhola	Barisal	69	17	1	12	32	38	18	8	0	12	1
170	Balokandi	VPKA	Faridpur	Rajbari	Dhaka	156	215	8	37	55	33	81	23	0	19	4
171	Goalandeghat	VPKA	Faridpur	Rajbari	Dhaka	141	204	8	45	27	34	69	32	0	9	1
172	Pangsha	VPKA	Faridpur	Rajbari	Dhaka	462	393	3	6	37	18	82	7	0	7	0
Grand Total :						25411	11163	3314	7847	2724	9530	10923	5624	665	2445	1423

Performance Report of RSDP Thana for the period of September 1999

B. Reproductive Health Services (Continued)

Sl no	Thana	NGO Alias	TA Unit	Customers Receiving FP Services										Side-effect Managed				STD/RTI Cases				
				Injectable Applied		IUD			Referred for Methods					Female				Male				
				Pill	Condom	2 M	3 M	Insert	Remove	Nor.	Vas	Tub	Inj	IUD	Nor.	Ste.	Pill	Inj	IUD	VD	CD/LAP	GU/IB
46	Morrelgonj	CRC	Faridpur	1037	247	0	199	3	0	0	0	0	0	0	0	0	0	11	5	0	0	0
47	Sharankhola	CRC	Faridpur	451	195	0	92	2	0	0	0	0	0	0	0	0	9	0	0	0	0	
48	Bhurungamari	DCPUK	Nilphamari	1667	169	0	352	2	0	0	0	0	0	6	61	0	30	5	0	10	0	
49	Char Rajibpur	DCPUK	Nilphamari	1588	130	0	300	3	0	0	0	0	0	22	43	3	5	3	2	3	45	
50	Rajarhat	DCPUK	Nilphamari	1358	98	0	397	0	0	0	0	0	1	0	2	0	1	1	0	0	0	
51	Raumar	DCPUK	Nilphamari	1856	182	0	360	3	0	0	0	0	0	0	2	41	36	2	74	52	32	0
52	Fulchari	GKSS	Nilphamari	1251	148	0	437	4	2	0	0	0	39	4	0	0	37	50	1	6	1	0
53	Gobindaganj	GKSS	Nilphamari	3109	605	0	226	2	1	0	0	0	0	0	0	7	8	0	8	1	0	0
54	Sadullahpur	GKSS	Nilphamari	1462	340	0	328	1	6	0	0	0	0	0	0	0	0	51	0	0	0	0
55	Sundarganj	GKSS	Nilphamari	2342	339	0	493	11	0	0	0	0	0	0	0	7	2	2	1	0	0	0
56	Atpara	JTS	Dhaka	1116	278	0	162	0	0	0	0	0	0	1	0	0	0	13	1	45	4	1
57	Bagarpara	JTS	Faridpur	1271	497	0	238	0	0	0	0	0	0	0	0	0	2	1	15	2	0	0
58	Bagmara	JTS	Nilphamari	1805	534	0	228	0	0	0	0	0	0	0	0	0	0	20	5	0	1	0
59	Baralgram	JTS	Nilphamari	2434	225	0	328	1	1	0	0	0	0	1	0	4	5	7	3	18	36	2
60	Gauripur	JTS	Dhaka	1394	308	0	157	2	0	0	0	0	0	0	0	4	39	2	11	5	0	0
61	Godagari	JTS	Nilphamari	1046	441	0	254	0	0	0	0	0	0	0	0	5	0	0	3	0	0	0
62	Gurudashpur	JTS	Nilphamari	1191	237	0	173	2	0	0	0	0	0	0	0	3	3	0	22	0	0	0
63	Harirampur	JTS	Dhaka	415	100	0	35	0	0	0	0	0	0	0	0	0	0	0	30	0	0	0
64	Jibannagar	JTS	Faridpur	1299	108	0	408	6	0	0	0	0	2	1	0	0	16	12	3	3	0	0
65	Kamalkanda	JTS	Dhaka	811	331	0	329	0	0	0	0	0	0	0	0	1	0	9	1	55	0	0
66	Khallajuri	JTS	Dhaka	608	136	0	91	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
67	Lohagara	JTS	Faridpur	656	530	0	153	1	0	0	0	0	0	0	0	0	0	1	3	1	0	0
68	Mohangonj	JTS	Dhaka	758	242	0	114	2	0	0	0	0	4	0	0	0	0	0	0	1	1	0
69	Mohanpur	JTS	Nilphamari	688	131	0	137	0	0	0	0	0	0	0	0	0	0	0	49	20	0	0
70	Moheshpur	JTS	Faridpur	1438	249	0	417	1	1	0	0	0	0	0	0	0	1	8	3	8	2	0
71	Poba	JTS	Nilphamari	575	186	0	325	2	1	0	0	0	26	0	5	1	10	6	0	45	20	0
72	Purbadhala	JTS	Dhaka	1647	160	0	243	0	1	0	0	0	0	0	0	0	17	0	20	33	0	1
73	Shibalaya	JTS	Dhaka	649	249	0	83	7	0	0	0	0	2	0	2	1	0	2	2	53	16	0
74	Singair	JTS	Dhaka	1731	368	0	155	4	0	0	0	0	0	0	0	0	5	3	89	18	0	4
75	Singra	JTS	Nilphamari	1330	360	0	385	1	0	0	0	0	0	0	0	6	5	7	6	32	26	0
76	Sreepur(JTS)	JTS	Dhaka	2302	181	0	164	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
77	Kasba	JUSSS	Habiganj	577	130	0	36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
78	Nabinagar	JUSSS	Habiganj	709	152	0	96	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
79	Nasirnagar	JUSSS	Habiganj	646	199	0	210	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
80	Sarail	JUSSS	Habiganj	1065	279	0	243	0	0	0	0	0	0	0	0	0	2	0	11	29	0	0
81	Bhedarganj	MMKS	Faridpur	761	250	0	180	0	0	0	0	0	0	0	0	0	1	0	9	5	0	0
82	Damudya	MMKS	Faridpur	1106	187	0	174	1	0	0	0	0	2	0	0	2	0	0	7	0	10	4
83	Gosalihat	MMKS	Faridpur	1285	387	0	145	4	0	0	0	0	0	0	0	0	0	2	74	18	48	56
84	Rajjar	MMKS	Faridpur	1244	82	0	106	6	0	0	0	0	0	0	0	0	0	7	3	0	1	0
85	Shibchar	MMKS	Faridpur	880	315	0	287	1	1	0	0	0	0	0	0	0	1	1	0	0	2	0
86	Zanjira	MMKS	Faridpur	770	316	0	53	0	0	0	0	0	0	0	0	0	0	29	0	11	2	0
87	Kumarkhali	PJS	Faridpur	994	284	0	196	2	0	0	0	0	0	0	0	0	18	1	47	0	0	0
88	Badalgachi	PSF	Nilphamari	1372	164	0	354	0	0	0	0	0	0	7	5	9	6	16	0	0	0	0
89	Belabo	PSF	Habiganj	817	158	0	300	5	0	0	0	0	0	0	0	0	0	0	3	0	0	0
90	Birol	PSF	Nilphamari	878	140	0	155	1	1	0	0	0	0	0	0	0	0	1	0	5	0	1

Performance Report of RSDP Thana for the period of September 1999 -

B. Reproductive Health Services (Continued)

Sl no	Thana	NGO Alias	TA Unit	Customers Receiving FP Services											Side-effect Managed				STD/RTI Cases					
				Pill		Condom		Injectable Applied		IUD			Referred for Methods				Pill	Inj	IUD	VD	Female		Male	
						2 M	3 M	Insert	Remove	Nor.	Vas	Tub	Inj	IUD	Nor.	Ste.					CD/LAP	GU/IB	UD/SS	GU/IB
136	Basail	SWANIRVAR	Dhaka	994	376	0	111	5	1	0	0	0	0	1	0	3	26	6	2	33	33	0	3	0
137	Bhalrab	SWANIRVAR	Dhaka	399	236	0	50	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
138	Bhuapur	SWANIRVAR	Dhaka	1242	491	0	181	1	0	0	0	0	0	0	0	4	1	0	25	4	2	8	0	
139	Bokshiganj	SWANIRVAR	Dhaka	1641	131	0	538	1	1	0	0	0	0	0	0	0	0	0	7	6	2	0	0	
140	Chagolnaiya	SWANIRVAR	Feni	742	258	0	106	2	1	0	0	0	0	0	0	8	12	1	5	22	0	3	0	
141	Dagonbhulyan	SWANIRVAR	Feni	1201	423	0	213	1	0	0	0	0	3	0	2	0	49	39	4	0	0	0	0	
142	Daulatkhan	SWANIRVAR	Faridpur	1362	167	0	485	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	
143	Debiganj	SWANIRVAR	Nilphamari	1555	150	0	266	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
144	Delduar	SWANIRVAR	Dhaka	697	162	0	60	2	0	0	0	0	0	0	0	9	6	0	6	4	2	1	0	
145	Dewanganj	SWANIRVAR	Dhaka	1381	225	0	500	15	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	
146	Feni	SWANIRVAR	Feni	1165	671	0	273	2	0	0	0	0	0	0	1	37	23	2	31	4	0	1	0	
147	Ghatal	SWANIRVAR	Dhaka	2485	702	0	749	8	2	0	0	0	0	0	0	0	0	0	22	19	0	0	0	
148	Gheor	SWANIRVAR	Dhaka	827	148	0	118	1	0	0	0	0	0	1	0	4	0	1	0	3	0	0	0	
149	Gopalpur	SWANIRVAR	Dhaka	1732	297	0	428	9	3	0	0	0	79	1	0	1	14	18	0	75	10	1	0	
150	Hossainpur	SWANIRVAR	Dhaka	1191	163	0	222	3	0	0	0	0	0	0	0	13	14	1	2	2	0	2	0	
151	Islampur	SWANIRVAR	Dhaka	1768	700	0	441	3	0	0	0	0	0	0	0	0	12	0	13	10	0	0	0	
152	Itna	SWANIRVAR	Dhaka	958	425	0	45	0	0	0	0	0	0	0	0	0	0	0	2	4	0	0	0	
153	Kalhati	SWANIRVAR	Dhaka	3021	1336	0	772	14	1	0	0	0	0	0	0	50	69	5	16	10	0	1	0	
154	Karimganj	SWANIRVAR	Dhaka	1393	467	0	150	0	0	0	0	0	0	0	0	0	0	1	4	2	0	0	0	
155	Katiadi	SWANIRVAR	Dhaka	1460	333	0	633	8	1	0	0	0	0	0	0	0	0	0	7	0	0	0	1	
156	Kullarchar	SWANIRVAR	Dhaka	1070	408	0	149	4	0	0	0	0	0	0	3	0	0	0	3	0	0	0	1	
157	Lalmohan	SWANIRVAR	Faridpur	2032	409	0	750	2	3	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
158	Madhupur	SWANIRVAR	Dhaka	1700	420	0	444	1	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	
159	Melandah	SWANIRVAR	Dhaka	1637	369	0	464	1	0	0	0	0	0	0	0	2	7	1	9	5	0	3	0	
160	Monpura	SWANIRVAR	Faridpur	483	436	0	480	3	1	0	0	0	0	0	0	7	9	3	39	22	0	0	0	
161	Nagarpur	SWANIRVAR	Dhaka	1230	315	0	171	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
162	Nikli	SWANIRVAR	Dhaka	644	242	0	129	2	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	
163	Pakundla	SWANIRVAR	Dhaka	1205	380	0	102	11	0	0	0	0	0	0	0	3	2	1	20	6	0	0	0	
164	Panchbibi	SWANIRVAR	Nilphamari	2274	161	0	290	5	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	
165	Parshuram	SWANIRVAR	Feni	726	222	0	95	2	0	0	0	0	3	2	2	0	2	0	2	0	0	0	0	
166	Savar	SWANIRVAR	Dhaka	874	231	0	264	2	0	0	0	0	0	0	0	1	7	0	21	0	0	0	0	
167	Sonagazi	SWANIRVAR	Feni	1012	381	0	249	5	0	0	0	0	0	1	0	1	9	2	9	0	0	1	0	
168	Tarail	SWANIRVAR	Dhaka	778	107	0	44	1	0	0	0	0	22	0	1	0	1	0	0	0	0	0	0	
169	Tazumuddin	SWANIRVAR	Faridpur	940	166	0	489	5	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	
170	Ballakandi	VPKA	Faridpur	1435	409	0	208	8	0	0	0	0	0	0	0	2	8	2	48	8	0	0	0	
171	Goalandaghat	VPKA	Faridpur	830	266	0	176	8	1	0	0	0	0	0	0	0	0	0	19	17	8	0	1	
172	Pangsha	VPKA	Faridpur	1633	450	0	249	11	1	0	0	0	0	0	0	0	0	0	18	15	0	0	0	
Grand Total:				217099	47880	0	42709	648	65	225	0	0	555	49	140	248	1533	1297	113	2199	797	102	215	88

50

Performance Report of RSDP Thana for the period of September 1999

C. Women and Children Immunization

TT Doses

Pregnancy Status

Sl no	Thana	NGO Alias	TA Unit	Pregnant										Non-Pregnant									
				1st		2nd		3rd		4th		5th		1st		2nd		3rd		4th		5th	
				Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com
38	Saidpur	BRAC	Nilphamari	0	45	0	53	0	44	0	42	0	17	0	13	0	15	0	12	0	0	0	
39	Sakhipur	BRAC	Dhaka	0	44	0	28	0	12	0	3	0	0	0	0	0	0	0	0	0	0	0	
40	Sherpur	BRAC	Dhaka	11	184	7	179	1	89	0	42	1	16	0	4	0	12	0	3	0	2	0	
41	Sonargaon	BRAC	Habiganj	0	37	0	35	0	28	0	5	0	0	0	9	0	5	0	0	0	0	0	
42	Sreebardi	BRAC	Dhaka	22	147	10	133	6	92	2	25	0	9	0	0	0	0	0	0	0	0	0	
43	Sreemongal (BRAC)	BRAC	Habiganj	0	44	0	52	0	45	0	35	0	21	0	5	0	2	0	2	0	1	0	
44	Tahirpur	BRAC	Habiganj	0	54	0	39	0	25	0	21	0	17	0	13	0	13	0	10	0	11	3	
45	Chitalmari	CRC	Faridpur	18	4	13	3	9	1	4	2	2	3	42	3	13	0	5	1	2	3	0	
46	Morreigonj	CRC	Faridpur	52	0	39	0	5	0	0	0	0	0	148	0	80	0	105	0	3	0	1	
47	Sharankhola	CRC	Faridpur	0	5	0	8	0	2	0	0	0	0	0	4	0	9	0	0	0	0	0	
48	Bhurungamari	DCPUK	Nilphamari	14	17	12	24	0	15	0	6	0	0	13	16	7	9	1	23	0	3	1	
49	Char Rajibpur	DCPUK	Nilphamari	7	58	13	49	0	36	0	1	0	0	6	161	21	142	1	117	0	0	0	
50	Rajarhat	DCPUK	Nilphamari	7	31	12	64	2	14	0	1	0	0	2	5	2	2	1	0	1	0	0	
51	Raumar	DCPUK	Nilphamari	73	180	132	150	1	53	0	0	0	0	744	2089	443	1201	325	1365	299	319	175	
52	Fulchari	GKSS	Nilphamari	44	0	41	0	10	0	2	0	0	0	14	0	9	0	5	0	3	0	0	
53	Gobindaganj	GKSS	Nilphamari	0	146	0	37	0	6	0	2	0	0	0	272	0	71	0	101	0	99	24	
54	Sedullahpur	GKSS	Nilphamari	0	68	0	87	0	12	0	2	0	4	4	94	12	76	2	6	0	6	14	
55	Sundarganj	GKSS	Nilphamari	15	20	16	17	5	24	2	1	1	0	0	16	1	8	0	2	0	0	0	
56	Atpara	JTS	Dhaka	15	10	8	11	0	16	0	0	0	3	0	0	0	0	0	0	0	0	0	
57	Bagarpara	JTS	Faridpur	0	7	0	14	0	3	0	1	0	0	0	37	0	2	0	1	0	0	0	
58	Bagmara	JTS	Nilphamari	0	22	0	29	0	13	0	1	0	1	0	37	0	27	0	13	0	9	2	
59	Baralgram	JTS	Nilphamari	0	72	0	75	0	29	0	15	0	0	0	70	0	61	0	42	0	4	1	
60	Gauripur	JTS	Dhaka	10	36	7	33	3	14	2	7	0	0	31	0	13	0	24	0	3	0	5	
61	Godagari	JTS	Nilphamari	0	38	0	37	0	25	0	4	0	3	0	362	0	233	0	165	0	96	18	
62	Gurudashpur	JTS	Nilphamari	0	20	0	15	0	5	0	5	0	1	0	35	0	16	0	10	0	0	0	
63	Harirampur	JTS	Dhaka	0	15	0	25	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	
64	Jibannagar	JTS	Faridpur	0	19	0	20	0	10	0	1	0	0	0	11	0	7	0	11	0	0	2	
65	Kamalkanda	JTS	Dhaka	0	41	0	28	0	11	0	9	0	0	0	0	0	0	0	0	0	0	0	
66	Khallejuri	JTS	Dhaka	0	487	0	222	0	230	0	170	0	150	0	0	0	0	0	0	0	0	0	
67	Lohagara	JTS	Faridpur	0	5	0	60	0	0	0	0	0	0	0	0	0	0	3	0	5	0	3	
68	Mohangonj	JTS	Dhaka	0	31	0	9	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0	
69	Mohanpur	JTS	Nilphamari	0	12	0	19	0	14	0	7	0	7	0	4	0	2	0	7	0	3	1	
70	Moheshpur	JTS	Faridpur	2	9	5	7	0	0	0	0	0	2	7	0	0	0	0	0	0	0	0	
71	Poba	JTS	Nilphamari	9	62	10	24	2	31	1	2	0	62	3	39	1	63	2	49	0	35	0	
72	Purbadhala	JTS	Dhaka	0	20	0	22	0	15	0	3	0	1	0	0	0	0	0	0	0	0	0	
73	Shibalaya	JTS	Dhaka	0	27	0	30	0	19	0	3	0	1	0	31	0	102	0	9	0	0	0	
74	Singair	JTS	Dhaka	0	58	0	78	0	32	0	4	0	5	0	17	0	22	0	8	0	3	7	

Performance Report of RSDP Thana for the period of September 1999 -

C. Women and Children Immunization

TT Doses

Pregnancy Status

Sl no	Thana	NGO Alias	TA Unit	Pregnancy Status																			
				Pregnant										Non-Pregnant									
				1st		2nd		3rd		4th		5th		1st		2nd		3rd		4th		5th	
Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com		
112	Muksedpur	SGS	Faridpur	0	13	0	78	0	0	0	0	0	0	0	0	8	0	12	0	0	0	0	0
113	Tongipara	SGS	Faridpur	14	0	22	0	0	0	0	0	0	0	0	6	0	7	0	3	0	0	0	0
114	Balaganj	Shimantik	Habiganj	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
115	Baniabazar	Shimantik	Habiganj	15	0	18	2	4	0	0	0	0	0	23	8	9	7	2	0	0	0	0	0
116	Golapganj	Shimantik	Habiganj	10	36	20	56	1	53	0	32	0	19	17	50	5	64	2	51	0	41	0	17
117	Jaintapur	Shimantik	Habiganj	0	45	0	60	0	38	0	0	0	0	0	30	0	40	0	27	0	15	0	12
118	Kanaighat	Shimantik	Habiganj	0	260	0	103	0	114	0	29	0	26	0	1006	0	410	0	455	0	153	0	121
119	Zakiganj	Shimantik	Habiganj	0	13	0	9	0	6	0	6	0	6	0	17	0	17	0	8	0	2	0	0
120	Barura	SOPIRET	Habiganj	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
121	Faridganj	SOPIRET	Feni	0	14	0	22	0	8	0	11	0	2	0	0	0	4	0	0	0	0	0	0
122	Haziganj	SOPIRET	Feni	0	6	0	4	0	4	0	1	0	0	0	1	0	1	0	0	0	0	0	0
123	Kachua	SOPIRET	Feni	0	34	0	24	0	5	0	0	0	0	0	65	0	92	0	32	0	0	0	0
124	Laksam	SOPIRET	Habiganj	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
125	Nangalkot	SOPIRET	Habiganj	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
126	Ramganj	SOPIRET	Feni	0	13	0	9	0	9	0	5	0	3	0	2	0	2	0	3	0	1	0	1
127	Ramgati	SOPIRET	Feni	23	48	26	35	7	26	2	3	0	12	12	31	16	26	3	12	0	0	0	0
128	Sreemongal	SUPPS	Habiganj	7	22	6	20	7	20	3	18	2	8	4	27	0	20	0	2	0	0	0	0
129	Fatikchari	SUS	Feni	0	32	0	24	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
130	Rangunia	SUS	Feni	0	14	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0
131	Rawzan	SUS	Feni	15	0	11	0	0	0	0	0	0	0	12	0	4	0	2	0	1	0	0	0
132	Sandwip	SUS	Feni	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
133	Sitakundi	SUS	Feni	0	48	0	40	0	13	0	5	0	5	0	42	0	28	0	10	0	1	0	0
134	Atwari	SWANIRVAR	Nilphamari	0	14	0	38	0	20	0	10	0	2	0	8	0	3	0	0	0	0	0	0
135	Austagram	SWANIRVAR	Dhaka	14	0	8	0	0	0	0	0	0	0	23	0	27	0	0	0	0	0	0	0
136	Basail	SWANIRVAR	Dhaka	0	67	0	65	0	39	0	7	0	0	0	7	0	4	0	0	0	0	0	0
137	Bhairab	SWANIRVAR	Dhaka	35	69	18	44	2	18	0	3	0	0	0	0	0	0	0	0	0	0	0	0
138	Bhuapur	SWANIRVAR	Dhaka	2	71	3	113	0	30	0	24	0	0	0	17	0	13	8	13	1	9	0	2
139	Bokshiganj	SWANIRVAR	Dhaka	2	47	4	33	1	27	0	9	1	2	2	16	8	16	2	10	1	2	0	0
140	Chagoinalya	SWANIRVAR	Feni	0	12	0	39	0	12	0	8	0	4	0	8	0	8	0	4	0	0	0	0
141	Dagonbhulyan	SWANIRVAR	Feni	0	10	0	22	0	13	0	13	0	0	0	0	0	0	0	0	0	0	0	0
142	Daulatkhan	SWANIRVAR	Faridpur	0	22	0	24	0	11	0	9	0	12	0	0	0	0	0	0	0	0	0	0
143	Debiganj	SWANIRVAR	Nilphamari	11	46	0	42	0	33	0	32	0	11	0	9	0	10	0	10	0	5	0	3
144	Delduar	SWANIRVAR	Dhaka	0	32	0	42	0	16	0	3	0	2	0	12	0	12	0	4	0	1	0	3
145	Oewanganj	SWANIRVAR	Dhaka	64	0	45	2	24	3	6	2	0	0	0	0	0	0	0	0	0	0	0	0
146	Feni	SWANIRVAR	Feni	25	17	21	37	6	26	0	13	0	6	0	16	7	22	3	14	0	0	0	2
147	Ghatail	SWANIRVAR	Dhaka	0	136	0	150	0	49	0	3	0	1	0	2	0	0	0	1	0	0	0	0
148	Gheior	SWANIRVAR	Dhaka	0	13	0	29	0	10	0	1	0	4	0	8	0	15	0	1	0	0	0	0

Performance Report of RSDP Thana for the period of September 1999 -

C. Women and Children Immunization(Con.)

Sl no	Thana	NGO Alias	TA Unit	Age of Children																																	
				0-11 Months														12+ Months																			
				BCG		DPT/Polio				Vita-A				BCG		DPT/Polio				Vita-A																	
				Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com								
75	Singra	JTS	Nilphamari	0	31	0	11	0	16	0	12	0	0	0	66	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
76	Sreepur(JTS)	JTS	Dhaka	0	65	0	66	0	41	0	42	0	0	0	55	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
77	Kasba	JUSSS	Habiganj	0	44	0	51	0	34	0	41	0	27	0	27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
78	Nabinagar	JUSSS	Habiganj	0	0	0	4	0	4	0	5	0	6	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
79	Nasirnagar	JUSSS	Habiganj	0	14	0	14	0	23	0	26	0	347	0	362	0	11	0	16	0	22	0	0	0	0	0	0	0	0	0	0	0	0	0	2		
80	Sarail	JUSSS	Habiganj	0	62	0	62	0	40	0	32	0	70	0	572	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
81	Bhedarganj	MMKS	Faridpur	5	69	6	90	11	61	6	39	26	91	10	83	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
82	Damudya	MMKS	Faridpur	5	7	10	9	11	0	3	7	6	15	5	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
83	Gosalrhat	MMKS	Faridpur	0	16	0	18	0	17	0	16	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
84	Rajlar	MMKS	Faridpur	3	25	2	27	6	34	2	41	13	111	3	56	0	12	0	10	0	22	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
85	Shibchar	MMKS	Faridpur	8	38	8	38	16	34	14	39	19	65	19	65	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
86	Zanjira	MMKS	Faridpur	10	18	10	18	15	19	6	18	4	21	4	21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
87	Kumarkhali	PJS	Faridpur	0	66	0	32	0	30	0	41	0	66	0	43	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
88	Badalgachi	PSF	Nilphamari	0	23	0	37	0	41	0	34	0	10	0	33	0	1	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
89	Belabo	PSF	Habiganj	0	20	0	21	0	17	0	11	0	28	0	28	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
90	Birai	PSF	Nilphamari	0	14	0	17	0	16	0	11	0	22	0	22	0	17	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
91	Burichang	PSF	Habiganj	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
92	Daudkandi	PSF	Habiganj	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
93	Dhamuirhat	PSF	Nilphamari	0	2	0	9	0	8	0	9	0	3	0	6	0	0	0	0	0	4	0	2	0	3	0	2	0	0	0	0	0	0	0	0		
94	Kazipara	PSF	Nilphamari	8	41	4	37	5	42	6	38	17	44	17	44	0	37	0	38	0	34	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
95	Louhajang	PSF	Dhaka	0	6	0	5	0	10	0	19	0	16	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
96	Mithapukur	PSF	Nilphamari	25	41	26	38	10	45	9	39	9	34	9	40	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
97	Monohardi	PSF	Habiganj	0	11	0	11	0	9	0	7	0	52	0	7	0	10	0	3	0	1	0	0	0	5	0	6	0	4	0	2	0	1	0	0		
98	Muradnagar	PSF	Habiganj	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0		
99	Parbatipur	PSF	Nilphamari	3	48	4	186	0	188	1	196	2	121	2	121	2	66	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	245	0	245	0	0
100	Pirgacha	PSF	Nilphamari	0	39	0	42	0	40	0	39	0	0	0	47	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
101	Pirganj	PSF	Nilphamari	0	84	0	74	0	35	0	46	0	218	0	113	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
102	Raipura	PSF	Habiganj	0	170	0	170	0	114	0	88	0	0	0	48	0	77	0	155	0	32	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
103	Shahajadpur	PSF	Nilphamari	0	4	0	4	0	12	0	7	0	3	0	3	0	4	0	12	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
104	Sreenagar	PSF	Dhaka	0	9	0	10	0	9	0	13	0	11	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
105	Sreepur(PSF)	PSF	Faridpur	0	9	0	20	0	6	0	11	0	4	0	19	0	10	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
106	Sujanagar	PSF	Nilphamari	23	21	16	21	17	15	9	18	10	15	10	24	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
107	Ullapara	PSF	Nilphamari	0	16	0	16	0	14	0	15	0	15	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
108	Bheramara	PSKS	Faridpur	8	60	0	56	11	48	3	58	24	42	5	81	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
109	Daulatpur	PSKS	Faridpur	6	41	4	34	3	20	3	27	8	10	8	34	0	23	0	11	8	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
110	Gangni	PSKS	Faridpur	6	28	8	24	1	41	4	39	4	0	4	47	0	12	0	12	0	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
111	Kashani	SGS	Faridpur	0	129	0	93	0	87	0	87	0	0	0	95	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	129	0	

54

Performance Report of RSDP Thana for the period of September 1999 -

C. Women and Children Immunization(Con.)

Sl no Thana NGO Alias TA Unit

Age of Children

Sl no	Thana	NGO Alias	TA Unit	0-11 Months																12+ Months															
				BCG		DPT/Polio				Pollo-4		Measles		Vita-A		BCG		DPT/Polio		3		Pollo-4		Measles		Vita-A									
				Self	Com	Self	1	2	3	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com	Self	Com								
				0	60	0	73	0	48	0	79	0	79	0	0	0	0	0	0	61	0	0	0	0	0	0	0	0							
149	Gopalpur	SWANIRVAR	Dhaka	0	58	0	60	0	73	0	48	0	79	0	79	0	0	0	0	0	0	0	0	0	0	0									
150	Hossainpur	SWANIRVAR	Dhaka	0	47	0	50	0	56	0	62	0	44	0	68	0	18	0	28	0	63	0	0	0	0	0									
151	Islampur	SWANIRVAR	Dhaka	2	32	2	21	9	29	1	21	14	37	0	35	0	0	0	0	0	0	0	0	0	0	0									
152	Itna	SWANIRVAR	Dhaka	4	6	4	0	12	5	2	0	0	0	3	7	0	0	0	0	0	2	0	3	0	6	0									
153	Kalihat	SWANIRVAR	Dhaka	0	114	0	108	0	118	0	92	0	92	0	242	0	7	0	0	0	0	0	0	0	0	0									
154	Karimganj	SWANIRVAR	Dhaka	38	3	32	3	28	35	26	26	15	36	15	36	0	0	0	0	0	0	0	0	0	0	0									
155	Katiadi	SWANIRVAR	Dhaka	0	126	0	84	0	73	0	89	0	281	0	372	0	0	0	0	0	0	0	0	0	0	0									
156	Kulliarchar	SWANIRVAR	Dhaka	0	52	0	58	0	54	0	61	0	78	0	54	0	56	0	65	0	56	0	0	0	0	0									
157	Lalmohan	SWANIRVAR	Faridpur	1	152	2	142	3	126	0	110	0	16	3	147	0	6	0	3	0	3	0	0	0	0	0									
158	Madhupur	SWANIRVAR	Dhaka	0	105	0	105	0	103	0	101	0	104	0	94	0	0	0	0	0	0	0	0	0	0	0									
159	Melandah	SWANIRVAR	Dhaka	0	40	0	45	0	40	0	39	0	0	0	52	0	0	0	0	0	0	0	0	0	0	0									
160	Monpura	SWANIRVAR	Faridpur	0	15	0	11	0	13	0	10	0	18	0	18	0	11	0	11	0	11	0	0	0	0	0									
161	Nagarpar	SWANIRVAR	Dhaka	0	5	0	6	0	6	0	2	0	0	0	7	0	0	0	3	0	0	0	0	0	0	0									
162	Nikli	SWANIRVAR	Dhaka	0	11	0	11	0	11	0	7	0	22	0	22	0	0	0	0	0	0	0	0	0	3	0									
163	Pakundia	SWANIRVAR	Dhaka	0	63	0	47	0	36	0	28	0	39	0	82	0	68	0	78	0	53	0	0	0	0	0									
164	Panchbibi	SWANIRVAR	Nilphamari	0	36	0	45	0	42	0	33	0	58	0	38	0	36	0	31	0	28	0	0	0	0	0									
165	Parshuram	SWANIRVAR	Feni	0	49	0	43	0	41	0	53	0	65	0	35	0	0	0	0	0	0	0	0	0	0	0									
166	Savar	SWANIRVAR	Dhaka	0	42	0	41	0	34	0	29	0	4	0	52	0	0	0	0	0	0	0	0	0	0	0									
167	Sonagazi	SWANIRVAR	Feni	0	54	0	49	0	40	0	39	0	30	0	71	0	0	0	0	0	0	0	0	0	0	0									
168	Tarail	SWANIRVAR	Dhaka	2	12	2	15	1	17	1	21	0	8	2	13	0	0	0	0	0	0	0	0	0	0	0									
169	Tazumuddin	SWANIRVAR	Faridpur	0	28	0	29	0	26	0	33	0	4	0	63	0	0	0	0	0	0	0	0	0	0	0									
170	Ballakandi	VPKA	Faridpur	0	26	0	26	0	32	0	29	0	49	0	55	0	2	0	6	0	8	0	0	0	0	0									
171	Goalandaghat	VPKA	Faridpur	0	24	0	23	0	27	0	28	0	15	0	47	0	0	0	0	0	0	0	0	0	0	0									
172	Pangsha	VPKA	Faridpur	0	44	0	48	0	45	0	30	0	130	0	22	0	46	0	28	0	23	0	0	0	0	0									
Grand Total:				776	8114	817	8076	716	7868	571	7693	706	12065	716	12331	141	2077	87	1346	213	2898	12	43	5	104	39	57	39	51	1660	2956	421	2111	44	415

55

Performance Report of RSDP Thana for the period of September 1999

Sl no	Thana	NGO Allas	TA Unit	D. General Health Services		E. Disease Surveillance		F. Number of Family Planning Commodities Distributed							G. Number/ Participants of BCC Meeting Held									
				General Illness		Reported New Cases		Pill			Condom				Male		HIV/AIDS		Newlywed		Others			
				Female	Male	AFP	NNT	Nor.	SMC Fami.	Other	GOB	Other	SMC	GOB	Other	# of Meet	Parti- pants	# of Meet	Parti- pants	# of Meet	Parti- pants	# of Cert. Dist.	# of Meet	Parti- pants
39	Sakhipur	BRAC	Dhaka	87	39	0	0	30	74	0	0	0	132	0	0	8	120	2	20	0	0	0	16	256
40	Sherpur	BRAC	Dhaka	393	265	0	0	102	661	0	3292	0	248	2944	0	16	228	0	0	0	0	0	38	430
41	Sonargaon	BRAC	Habiganj	105	45	0	0	46	168	0	964	0	20	742	0	2	27	0	0	0	0	0	14	164
42	Sreebardi	BRAC	Dhaka	868	600	0	0	0	236	0	1916	0	0	4236	0	20	276	0	0	2	14	0	50	774
43	Sreemongal (BR)	BRAC	Habiganj	291	165	0	0	18	171	0	736	0	96	1044	0	7	89	3	44	0	0	0	31	378
44	Tahirpur	BRAC	Habiganj	51	46	0	0	40	244	0	143	0	56	448	0	11	138	0	0	0	0	0	12	131
45	Chitalmari	CRC	Faridpur	371	102	0	0	17	119	0	1967	0	4	3477	0	14	145	1	6	1	20	10	6	59
46	Morrelgonj	CRC	Faridpur	518	128	0	0	102	150	0	1090	0	0	2576	0	11	140	4	36	1	6	3	7	108
47	Sharankhola	CRC	Faridpur	438	129	0	0	10	60	0	571	0	0	2376	0	8	71	0	0	0	0	0	6	53
48	Bhurungamari	DCPUK	Nilphamari	460	200	0	0	42	310	0	1321	0	12	2104	0	1	23	0	0	0	0	0	1	47
49	Char Rajibpur	DCPUK	Nilphamari	92	44	0	0	5	68	0	1515	0	16	1512	0	3	55	0	0	1	11	10	0	0
50	Rajarhat	DCPUK	Nilphamari	225	215	0	0	59	226	1	1072	0	44	1140	0	2	45	0	0	3	36	33	0	0
51	Raumar	DCPUK	Nilphamari	979	428	0	0	5	155	0	1696	0	0	1337	0	0	0	0	0	1	30	0	2	50
52	Fulchari	GKSS	Nilphamari	344	296	0	0	20	154	0	1302	0	124	1074	0	3	51	0	0	0	0	0	1	12
53	Gobindaganj	GKSS	Nilphamari	144	98	0	0	93	455	0	2557	0	0	7246	0	2	38	0	0	1	20	20	3	65
54	Sadullahpur	GKSS	Nilphamari	156	142	0	0	19	504	0	939	0	0	4080	0	0	0	0	0	1	18	15	3	116
55	Sundarganj	GKSS	Nilphamari	27	11	0	0	93	517	0	1822	7	120	3768	0	2	42	0	0	2	24	24	2	38
56	Atpara	JTS	Dhaka	432	271	0	0	30	136	0	950	0	0	3336	0	1	9	0	0	3	155	75	3	157
57	Bagarpara	JTS	Faridpur	566	128	0	0	5	122	0	1217	0	0	3852	0	4	54	5	82	1	19	15	5	89
58	Bagmara	JTS	Nilphamari	562	142	0	0	5	123	0	1885	0	12	6328	0	0	0	1	19	2	50	20	3	95
59	Baralgram	JTS	Nilphamari	889	147	0	0	0	40	0	2438	0	0	2628	0	0	0	0	0	1	11	11	9	182
60	Gauripur	JTS	Dhaka	479	189	0	0	16	299	2	1077	0	0	3732	0	1	17	0	0	1	11	11	2	43
61	Godagar	JTS	Nilphamari	131	54	0	0	0	37	0	2483	0	96	6722	0	2	60	1	17	1	45	35	2	66
62	Gurudashpur	JTS	Nilphamari	541	129	0	0	0	0	0	1943	0	0	2856	0	1	22	0	0	0	0	0	5	75
63	Harirampur	JTS	Dhaka	654	233	0	0	27	74	0	942	0	52	1044	0	4	57	0	0	2	40	16	7	159
64	Jibannagar	JTS	Faridpur	1044	161	0	0	0	235	0	1899	0	12	2412	0	0	0	0	0	1	10	10	3	180
65	Kamalkanda	JTS	Dhaka	556	158	0	0	0	75	0	2097	0	0	4044	0	1	11	0	0	3	42	35	11	166
66	Khaliajuri	JTS	Dhaka	208	205	0	0	3	22	0	583	0	0	1632	0	2	27	2	26	2	58	43	4	51
67	Lohagara	JTS	Faridpur	74	79	0	0	0	23	0	1380	0	0	6180	0	0	0	0	0	2	45	20	8	98
68	Mohangonj	JTS	Dhaka	317	154	0	0	7	89	0	664	0	0	2904	0	3	51	0	0	2	6	6	10	164
69	Mohanpur	JTS	Nilphamari	749	154	0	0	0	116	0	572	0	0	1572	0	4	84	1	17	3	96	45	10	211
70	Moheshpur	JTS	Faridpur	168	83	0	0	14	158	0	1365	0	0	2552	0	0	0	0	0	1	11	11	2	79
71	Poba	JTS	Nilphamari	934	200	0	0	0	40	0	0	599	0	0	2023	0	0	3	65	2	21	20	8	215
72	Purbadhala	JTS	Dhaka	287	134	0	0	0	105	0	1534	43	0	1920	0	5	68	1	13	1	14	14	10	129
73	Shibalaya	JTS	Dhaka	453	324	0	0	14	77	0	850	0	0	2988	0	3	35	0	0	0	0	0	2	35
74	Singair	JTS	Dhaka	1024	286	0	0	22	20	0	1707	0	0	3831	0	5	110	3	73	2	43	31	7	289
75	Singra	JTS	Nilphamari	259	134	0	0	12	95	0	1287	0	0	4320	0	2	47	0	0	3	59	32	2	35
76	Sreepur(JTS)	JTS	Dhaka	355	36	0	0	69	66	0	2409	0	160	1688	0	2	32	0	0	0	0	0	0	0

Performance Report of RSDP Thana for the period of September 1999

Sl no	Thana	NGO Alias	TA Unit	D. General Health Services		E. Disease Surveillance		F. Number of Family Planning Commodities Distributed						G. Number/ Participants of BCC Meeting Held										
				General Illness		Reported New Cases		Nor.	Pill			Condom			Male		HIV/AIDS		Newlywed		Others			
				Female	Male	AFP	NNT		SMC Fam.	Other	GOB	SMC	GOB	Other	# of Meet	Partici- pants	# of Meet	Partici- pants	# of Meet	Partici- pants	# of Cert. Dist.	# of Meet	Partici- pants	
115	Bianbazar	Shimantik	Habiganj	660	262	0	0	0	0	0	1066	0	0	6660	0	14	128	0	0	7	27	18	29	236
116	Golapganj	Shimantik	Habiganj	113	58	0	0	25	40	0	719	0	318	2328	0	11	138	3	30	4	23	23	10	136
117	Jaintapur	Shimantik	Habiganj	256	173	0	0	1	37	0	502	0	0	2496	0	16	201	10	139	1	10	10	25	323
118	Kanaighat	Shimantik	Habiganj	43	10	0	0	0	0	0	678	0	0	4692	0	12	98	6	50	7	49	16	7	85
119	Zakiganj	Shimantik	Habiganj	70	7	0	0	0	10	0	977	0	0	4032	0	9	82	2	20	0	0	0	3	30
120	Barura	SOPIRET	Habiganj	134	40	0	0	6	27	0	229	0	0	1680	0	3	37	0	0	2	29	21	2	27
121	Faridganj	SOPIRET	Feni	135	28	0	0	16	13	0	1237	34	8	1248	0	2	22	0	0	0	0	0	2	26
122	Haziganj	SOPIRET	Feni	299	160	0	0	16	77	0	593	22	8	768	0	1	21	0	0	3	63	31	5	111
123	Kachua	SOPIRET	Feni	91	13	0	0	10	20	0	1254	20	0	720	0	0	0	0	0	1	17	10	1	26
124	Laksam	SOPIRET	Habiganj	296	68	0	0	0	0	0	312	0	0	582	0	0	0	0	0	2	29	22	2	31
125	Nangalkot	SOPIRET	Habiganj	127	40	0	0	4	18	0	539	0	0	780	0	2	23	0	0	3	42	29	0	0
126	Ramganj	SOPIRET	Feni	171	78	0	0	18	42	0	1305	18	0	1236	0	1	12	2	29	3	28	28	3	44
127	Ramgati	SOPIRET	Feni	76	15	0	0	36	68	9	1916	0	14	804	0	5	54	0	0	2	24	20	3	35
128	Sreemongal	SUPPS	Habiganj	182	41	0	0	61	220	0	400	0	0	1632	0	6	54	4	45	1	8	8	9	160
129	Fatikchari	SUS	Feni	200	152	0	0	0	0	0	792	0	0	1476	0	7	149	0	0	0	0	0	12	537
130	Rangunia	SUS	Feni	55	14	0	0	0	0	0	771	0	0	1800	0	0	0	0	0	0	0	0	0	0
131	Rawzan	SUS	Feni	68	20	0	0	0	0	0	1219	0	0	4116	0	0	0	0	0	0	0	0	0	0
132	Sandwip	SUS	Feni	0	0	0	0	0	0	0	362	0	0	1272	0	0	0	0	0	0	0	0	0	0
133	Sitakundi	SUS	Feni	187	48	0	0	0	0	0	861	0	0	1056	0	0	0	0	0	1	15	0	0	0
134	Atwari	SWANIRVAR	Nilphamari	897	618	0	0	32	176	0	1040	9	76	1098	0	4	125	3	99	3	138	48	17	340
135	Austagram	SWANIRVAR	Dhaka	851	402	0	0	70	139	0	918	0	83	3624	0	3	51	1	25	0	0	0	1	18
136	Basail	SWANIRVAR	Dhaka	623	226	0	0	83	263	0	616	32	32	4140	0	2	24	7	92	3	32	32	0	0
137	Bhairab	SWANIRVAR	Dhaka	488	184	0	0	40	100	0	300	0	20	2699	0	4	58	5	74	0	0	0	6	75
138	Bhuapur	SWANIRVAR	Dhaka	510	356	0	0	66	124	0	985	67	176	3604	0	3	47	4	63	2	49	9	6	89
139	Bokshiganj	SWANIRVAR	Dhaka	491	127	0	0	46	217	0	1366	12	4	1586	0	3	86	3	74	1	10	10	3	69
140	Chagoinalya	SWANIRVAR	Feni	341	119	0	0	44	50	0	615	33	0	3130	0	1	15	3	42	0	0	0	2	32
141	Dagonbhulyan	SWANIRVAR	Feni	813	381	0	0	18	89	0	1077	17	4	3784	0	3	45	3	48	1	11	11	3	47
142	Daulatkhan	SWANIRVAR	Faridpur	251	66	0	0	77	296	0	962	28	24	1944	0	10	120	9	123	1	11	11	0	0
143	Debiganj	SWANIRVAR	Nilphamari	614	212	0	0	43	249	0	1300	0	612	1238	0	1	31	2	68	1	30	6	3	72
144	Delduar	SWANIRVAR	Dhaka	517	205	0	0	91	157	0	449	0	236	1516	0	4	81	0	0	4	62	44	5	101
145	Dewanganj	SWANIRVAR	Dhaka	376	155	0	0	13	125	0	1243	138	36	2664	0	6	113	3	58	0	0	0	7	152
146	Feni	SWANIRVAR	Feni	682	109	0	0	51	40	6	1348	0	0	8044	0	5	53	2	30	1	25	11	5	60
147	Ghatail	SWANIRVAR	Dhaka	907	386	0	0	108	946	0	1339	92	112	7673	0	6	86	0	0	1	23	15	7	116
148	Gholor	SWANIRVAR	Dhaka	469	113	0	0	77	183	0	558	9	0	1770	0	2	27	0	0	0	0	0	4	42
149	Gopalpur	SWANIRVAR	Dhaka	1133	229	0	0	9	2	0	1721	0	0	3564	0	4	52	3	36	3	40	30	4	52
150	Hossainpur	SWANIRVAR	Dhaka	657	315	0	0	19	53	0	1119	0	0	1956	0	6	85	1	20	1	19	8	5	112
151	Islampur	SWANIRVAR	Dhaka	615	421	0	0	31	283	0	1444	10	48	8194	0	6	77	3	46	1	26	0	4	40
152	Itna	SWANIRVAR	Dhaka	760	575	0	0	19	89	0	846	4	0	3984	0	5	102	4	65	0	0	0	6	152

Performance Report of RSDP Thana for the period of September 1999 -

Sl no	Thana	NGO Alias	TA Unit	H. Service Delivery Areas, Points and Providers											I. Total Number of Customers Contracted by Service Delivery Site															
				ELCOs Covered	St-atic Clin-ic in pl-ace	St-atic Clin-ic Me-rged with RSDP-NGO staff provide EPI	# of SC in Place	# of SC Marg-ed with EPI	SC where RSDP staff provide EPI	# of Depo Hold-er	# of FWV/Para-med in Place	# of (Para-med) in Place	# of Com. Mobil-izer in Place	Children < 5				>= 5 Childern and Adults												
														Male			Total	Female			Male				Female					
Clinic	SC	DH	Clinic	SC	DH	Total	Clinic	SC	DH	Total	Clinic	SC	DH	Total	Clinic	SC		DH	Total											
1	Alfadanga	BAMANEH	Faridpur	6080	1	0	1	36	18	1	33	3	0	3	32	74	136	242	18	60	143	221	49	121	301	471	311	894	525	1730
2	Boalmari	BAMANEH	Faridpur	8920	1	0	0	36	15	0	36	3	0	3	29	110	76	215	20	101	73	194	40	86	131	257	142	687	483	1312
3	Chandina	BAMANEH	Habiganj	14709	1	0	1	36	22	1	36	3	0	3	20	127	77	224	19	130	68	217	1	134	663	798	345	902	854	2101
4	Dohar	BAMANEH	Dhaka	8022	1	0	0	36	10	0	36	3	0	3	28	88	94	210	48	108	95	251	30	131	404	565	264	1002	450	1716
5	Gabtol	BAMANEH	Nilphamari	13544	1	0	1	36	12	0	33	3	0	3	5	6	97	108	2	3	88	93	11	70	284	365	235	828	1396	2459
6	Keraniganj	BAMANEH	Dhaka	15262	1	0	1	36	14	0	32	3	0	3	98	324	89	511	109	367	85	561	104	227	374	705	611	748	750	2109
7	Nowabganj	BAMANEH	Dhaka	10450	1	0	0	39	26	0	34	3	0	3	24	69	53	146	26	57	140	223	19	59	42	120	309	1017	766	2092
8	Shibganj	BAMANEH	Nilphamari	23712	1	1	0	72	39	0	72	5	0	6	4	18	6	28	5	10	4	19	12	41	218	271	372	1649	2132	4153
9	Sonatola	BAMANEH	Nilphamari	11205	1	0	0	36	13	0	36	3	0	3	13	17	38	68	5	9	36	50	11	37	207	255	134	664	744	1542
10	Companiganj	BANDHAN	Feni	9044	1	0	1	32	0	12	50	3	0	3	14	135	14	163	20	104	24	148	59	172	116	347	193	691	596	1480
11	Senbag	BANDHAN	Feni	11667	1	1	0	32	20	0	45	3	0	3	63	120	239	422	43	106	400	549	95	47	607	749	201	464	364	1029
12	Azmiriganj	BRAC	Habiganj	8742	1	0	0	36	30	0	42	6	0	4	5	136	23	164	2	129	24	155	18	11	74	103	47	330	723	1100
13	Bahubal	BRAC	Habiganj	15668	1	0	0	52	44	0	60	7	0	2	3	14	215	232	3	12	237	252	6	22	218	246	45	354	697	1096
14	Baniachang	BRAC	Habiganj	20399	1	1	0	97	97	0	148	15	0	5	35	417	134	586	31	422	162	615	30	10	125	165	212	1308	2256	3776
15	Barolekha	BRAC	Habiganj	18806	1	1	0	72	72	0	88	10	0	2	25	161	102	288	23	270	74	367	38	51	53	142	137	490	500	1127
16	Bhaluka	BRAC	Dhaka	26325	1	1	0	60	51	0	121	10	0	3	16	2	75	93	10	3	112	125	41	0	94	135	350	482	2373	3205
17	Chatak	BRAC	Habiganj	23235	1	0	0	67	67	0	82	14	0	2	9	40	96	145	8	29	80	117	48	36	67	151	86	416	516	1018
18	Chunarughat	BRAC	Habiganj	23214	1	1	0	52	45	0	116	8	0	4	20	192	121	333	14	165	114	293	75	5	215	295	196	722	2848	3766
19	Dewrabazar	BRAC	Habiganj	15052	1	0	0	56	50	0	79	11	0	3	22	13	111	146	12	12	98	122	40	7	110	157	120	313	574	1007
20	Dharmapash	BRAC	Habiganj	15160	1	0	0	78	78	0	110	13	0	3	0	71	94	165	0	69	84	153	0	17	115	132	22	463	621	1106
21	Dimba	BRAC	Nilphamari	19019	1	1	0	60	60	0	110	13	0	2	5	15	111	131	6	16	109	131	83	36	176	295	207	849	2866	3922
22	Domar	BRAC	Nilphamari	16637	2	0	0	73	69	0	114	13	0	5	32	34	208	274	19	40	181	240	141	10	253	404	317	969	2799	4085
23	Habiganj	BRAC	Habiganj	15864	2	1	0	60	60	0	91	13	0	4	33	216	117	366	50	194	105	349	81	37	63	181	316	612	2110	3038
24	Jaldhaka	BRAC	Nilphamari	27490	1	0	0	95	95	0	172	13	0	3	11	10	108	129	17	8	90	115	58	0	374	432	112	1173	3981	5266
25	Jhinalgati	BRAC	Dhaka	14802	1	1	0	56	56	0	120	9	0	3	31	78	131	240	24	122	175	321	64	0	241	305	226	672	1989	2887
26	Kamaiganj	BRAC	Habiganj	12500	1	1	0	58	58	0	87	10	0	2	41	198	122	361	19	239	103	361	58	51	87	196	159	750	769	1678
27	Kishoreganj	BRAC	Nilphamari	28312	1	0	0	62	62	0	169	10	0	3	11	42	132	185	12	47	169	228	48	51	503	602	195	907	4434	5536
28	Kulaura	BRAC	Habiganj	23741	1	1	0	86	86	0	118	15	0	1	24	440	219	683	22	389	223	634	57	28	164	249	148	1129	968	2245
29	Lakhai	BRAC	Habiganj	12395	1	0	0	46	46	0	82	6	0	2	17	117	39	173	12	148	35	195	146	47	118	311	179	725	1193	2097
30	Madhabpur	BRAC	Habiganj	26472	1	0	0	68	66	0	109	13	0	2	9	346	111	466	5	333	99	437	9	58	85	152	61	932	555	1548
31	Moulvibazar	BRAC	Habiganj	15571	1	1	0	60	60	0	61	12	0	3	17	288	132	437	12	287	139	438	24	64	137	225	103	926	595	1624

Performance Report of RSDP Thana for the period of September 1999 -

SI no	Thana	NGO Alias	TA Unit	H. Service Delivery Areas										I. Total Number of Customers Contracted by Service Delivery Site																
				ELCOS Covered	St-ati-c Clin-ic In-pli-ace	Sta-tic Clin-ic Me-ri-ge Idwit-h EPI	Sta-tic Clin-ic whe-re RSD-NG O staff provide EPI	# of SC in Place	# of SC Marg-ed with EPI	SC where RSD-NGO staff provide EPI	# of Depo Hold-er	# of FWV/Para-med in Place	# of PO (Para-med) in Place	# of Com. Mobilizer in Place	Children < 5					>= 5 Children and Adults										
															Clinic	Male SC	DH	Total	Clinic	Male SC	DH	Total	Clinic	Male SC	DH	Total	Clinic	Male SC	DH	Total
63	Harirampur	JTS	Dhaka	7046	1	0	0	18	7	0	26	2	0	2	27	63	41	131	19	63	36	118	49	224	79	352	223	454	346	1023
64	Jibannagar	JTS	Faridpur	12965	1	0	0	36	10	0	42	3	0	3	22	31	109	162	17	20	109	146	50	83	161	294	359	1119	1367	2845
65	Kamatikanda	JTS	Dhaka	13752	1	1	0	35	8	0	42	3	0	3	17	23	167	207	26	48	199	273	93	114	221	428	373	895	646	1914
66	Khalajuri	JTS	Dhaka	4236	1	1	0	18	2	0	16	2	0	2	343	358	15	716	504	507	13	1024	118	163	49	330	770	1076	463	2309
67	Lohagara	JTS	Faridpur	10137	1	0	0	21	0	0	33	2	0	3	15	20	0	35	3	23	0	26	19	25	455	499	203	472	362	1037
68	Mohanganj	JTS	Dhaka	6725	1	1	0	36	6	0	20	3	0	3	44	22	59	125	20	21	47	88	73	137	153	363	230	553	460	1243
69	Mohanpur	JTS	Nilphamari	9385	1	0	0	16	7	0	25	2	0	2	7	3	26	36	13	5	34	52	31	53	201	285	241	773	652	1666
70	Moheshpur	JTS	Faridpur	13756	1	1	0	24	2	0	42	3	0	3	16	62	44	122	15	34	0	49	17	48	208	273	220	704	1350	2274
71	Poba	JTS	Nilphamari	11911	1	0	1	36	0	15	36	3	0	3	40	321	176	537	30	289	188	507	63	112	443	618	426	1556	1133	3115
72	Purbadhala	JTS	Dhaka	12348	1	1	0	34	19	0	35	3	0	3	26	50	54	130	24	35	63	122	41	79	141	261	539	1045	802	2386
73	Shibataya	JTS	Dhaka	6471	1	0	0	30	0	0	33	3	0	3	22	84	115	221	12	78	123	213	59	171	415	645	217	577	375	1169
74	Singair	JTS	Dhaka	13161	1	0	0	36	14	0	36	3	0	3	13	83	29	125	18	83	31	132	53	114	643	810	566	1466	1080	3117
75	Singra	JTS	Nilphamari	14235	1	1	0	31	0	0	36	3	0	3	11	55	0	66	14	70	0	84	59	234	325	618	132	806	1266	2204
76	Sreepur	JTS	Dhaka	16375	1	0	0	35	17	0	54	3	0	3	4	5	11	20	2	1	124	127	24	13	163	200	359	656	1957	2972
77	Kasba	JUSSS	Habiganj	13985	1	0	0	34	11	0	58	3	0	4	9	25	0	34	10	23	0	33	5	2	0	7	119	509	268	896
78	Nabinagar	JUSSS	Habiganj	14015	1	0	0	30	6	0	58	4	0	4	11	50	0	61	5	37	0	42	1	2	37	40	168	637	274	1079
79	Nasirnagar	JUSSS	Habiganj	13956	1	1	0	34	14	0	52	3	0	4	18	1	0	19	11	17	0	28	4	112	109	225	127	955	414	1496
80	Sarail	JUSSS	Habiganj	12745	1	1	0	36	15	0	41	3	0	4	37	69	33	139	42	59	19	120	7	33	46	86	315	948	592	1855
81	Bhedarganj	MMKS	Faridpur	10326	1	0	1	27	15	0	36	2	0	3	71	65	95	231	82	58	119	259	74	109	207	390	423	716	564	1703
82	Damudya	MMKS	Faridpur	10252	1	0	1	25	9	4	36	3	0	3	31	36	0	67	30	29	0	59	90	114	132	336	362	606	783	1751
83	Gosalhat	MMKS	Faridpur	10570	1	0	1	36	14	0	36	3	0	3	74	107	0	181	51	94	0	145	181	258	177	616	539	954	559	2052
84	Rajlar	MMKS	Faridpur	10570	1	0	1	36	18	0	36	3	0	3	33	107	152	292	31	119	150	300	69	131	61	261	243	866	978	2087
85	Shibchar	MMKS	Faridpur	12507	1	0	1	34	12	13	36	3	0	3	32	59	42	133	29	57	48	134	80	95	218	393	392	940	659	1991
86	Zanjira	MMKS	Faridpur	10819	1	0	1	36	5	0	36	3	0	3	71	84	73	228	46	64	61	171	63	162	300	525	301	755	638	1694
87	Kumerkhali	PJS	Faridpur	14495	1	0	0	42	28	0	35	4	0	4	17	67	65	149	21	52	75	148	14	49	60	123	82	149	70	301
88	Badalpachi	PSF	Nilphamari	16291	1	0	0	50	16	0	51	4	0	4	11	44	40	95	9	39	38	86	68	102	316	486	290	893	1336	2519
89	Belabo	PSF	Habiganj	8212	1	1	0	21	12	0	24	2	0	2	37	3	50	90	25	3	45	73	62	10	120	200	271	279	752	1302
90	Dirol	PSF	Nilphamari	7415	1	0	0	24	8	0	25	2	0	2	9	10	0	19	7	18	0	25	48	47	126	221	67	357	844	1268
91	Burichang	PSF	Habiganj	10000	1	0	0	36	0	0	36	3	0	3	7	18	17	42	3	11	9	23	8	19	14	41	61	297	61	419
92	Daudkandi	PSF	Habiganj	7531	1	0	0	36	0	0	36	3	0	3	11	7	0	18	4	8	0	12	12	19	0	31	47	179	0	226
93	Chamulihat	PSF	Nilphamari	6402	1	0	0	20	4	0	25	2	0	2	7	38	0	45	15	27	0	42	20	78	113	211	88	425	791	1304

Performance Report of RSDP Thana for the period of September 1999

SI no	Thana	NGO Alias	TA Unit	ELCOs Covered	H. Service Delivery Areas, Points and Providers													I. Total Number of Customers Contracted by Service Delivery Site												
					St-atic Clinic in p-lace	St-atic Clinic Merge dwith EPI	St-atic Clinic where RSDP-NGO staff provide EPI	# of SC in Place	# of SC Marg-e with EPI	SC where RSDP-NGO staff provide EPI	# of Depo-Holder	# of FWV/Para-medic in Place	# of PO (Para-medic) In Place	# of Com. Mobil-izer In Place	Children < 5			>= 5 Children and Adults												
															Clinic	SC	DH	Total	Clinic	SC	DH	Total	Clinic	SC	DH	Total	Clinic	SC	DH	Total
125	Nangalkot	SOPIRET	Habiganj	10525	1	1	0	32	0	0	32	3	0	3	16	24	0	40	13	14	0	27	26	14	0	40	88	217	0	305
126	Ramganj	SOPIRET	Feni	9524	1	1	0	33	8	0	33	3	0	3	11	63	16	90	7	43	28	78	17	20	139	176	128	620	1461	2209
127	Ramgati	SOPIRET	Feni	10154	1	0	1	33	14	0	33	3	0	3	44	20	34	98	39	21	43	103	13	26	184	223	238	677	1283	2198
128	Sreemongal	SUPPS	Habiganj	9999	1	0	0	36	18	0	48	3	0	3	31	27	91	149	28	16	107	151	20	21	174	215	264	416	1165	1845
129	Fatikchari	SUS	Feni	12120	1	1	0	36	15	0	40	2	0	3	55	127	0	182	49	117	0	166	21	42	28	91	222	753	426	1401
130	Rangunla	SUS	Feni	13017	1	0	0	27	5	0	39	3	0	3	0	58	45	103	0	56	30	86	4	45	144	193	66	377	566	1005
131	Rawzan	SUS	Feni	12539	1	0	1	36	0	0	40	3	0	3	23	45	0	68	21	30	0	51	1	0	0	1	428	986	498	1912
132	Sandwip	SUS	Feni	14198	1	0	0	33	0	0	40	1	0	2	0	0	0	0	0	0	0	0	0	83	33	116	0	300	80	380
133	Sitakundi	SUS	Feni	10890	1	1	0	32	12	0	40	3	0	3	56	144	71	271	59	146	57	262	9	18	91	118	232	495	854	1581
134	Atwari	SWANIRVAR	Nilphamari	7034	1	0	0	33	10	0	35	3	0	3	18	49	47	114	20	48	77	145	134	252	351	737	243	696	1364	2303
135	Austagram	SWANIRVAR	Dhaka	7600	1	0	1	30	5	0	35	3	0	3	51	73	134	258	40	75	133	248	105	180	631	916	404	823	1050	2277
136	Basall	SWANIRVAR	Dhaka	10000	1	1	0	44	31	0	46	4	0	4	13	68	74	155	30	44	91	165	74	142	292	508	292	932	846	2070
137	Bhairab	SWANIRVAR	Dhaka	8644	1	0	1	33	12	0	33	3	0	3	35	47	189	270	36	54	175	265	20	90	106	216	209	645	398	1252
138	Bhuapur	SWANIRVAR	Dhaka	8251	1	0	1	33	22	0	35	3	0	3	66	105	53	224	53	111	66	230	192	346	444	982	297	866	670	1833
139	Bokshiganj	SWANIRVAR	Dhaka	11759	1	0	1	33	13	0	35	3	0	3	17	19	25	61	24	20	18	62	25	88	137	250	384	1140	1249	2773
140	Chagolnaya	SWANIRVAR	Feni	10113	1	1	0	18	9	0	35	3	0	3	48	29	32	109	41	12	38	91	62	36	256	354	278	314	682	1274
141	Dagonbhuly	SWANIRVAR	Feni	12566	1	1	0	33	19	0	35	2	0	3	33	25	196	254	24	21	250	295	90	79	425	594	325	904	1296	2525
142	Daulatkhan	SWANIRVAR	Faridpur	9430	1	0	0	30	12	0	35	2	0	3	20	0	13	33	22	0	28	50	16	0	135	151	198	681	1290	2165
143	Debiganj	SWANIRVAR	Nilphamari	11467	1	1	0	33	30	2	35	3	0	3	14	45	26	85	7	31	30	68	78	111	220	409	281	969	1213	2463
144	Delduar	SWANIRVAR	Dhaka	9735	1	0	0	29	18	0	46	4	0	4	9	32	26	67	15	24	27	66	39	92	266	397	216	435	674	1325
145	Dewanganj	SWANIRVAR	Dhaka	10634	1	0	1	33	9	11	35	3	0	3	8	9	60	77	18	9	44	71	52	67	320	439	199	662	1379	2240
146	Feni	SWANIRVAR	Feni	13185	1	0	1	33	22	0	35	3	0	3	62	74	226	362	82	78	190	350	37	57	726	820	417	979	849	2245
147	Ghatell	SWANIRVAR	Dhaka	27350	1	0	0	65	41	0	65	5	0	5	18	72	54	144	11	43	46	100	51	299	610	960	300	1799	2201	4300
148	Gheior	SWANIRVAR	Dhaka	6206	1	0	0	33	14	0	35	3	0	3	45	46	25	116	48	66	51	165	39	57	118	214	233	498	730	1461
149	Gopalpur	SWANIRVAR	Dhaka	15670	1	0	0	48	21	0	54	4	0	4	43	102	100	245	62	103	157	322	78	102	272	452	594	1336	1632	3562
150	Hossainpur	SWANIRVAR	Dhaka	9382	1	0	0	33	15	0	33	3	0	3	22	36	59	117	26	33	77	136	102	113	172	387	276	758	1109	2143
151	Islampur	SWANIRVAR	Dhaka	14180	1	0	1	44	13	0	46	4	0	4	25	40	103	168	25	30	128	183	64	280	845	1189	243	916	1709	2868
152	Itna	SWANIRVAR	Dhaka	5606	1	0	0	31	5	8	35	3	0	3	61	110	261	432	67	117	275	459	180	203	497	880	193	444	1060	1697
153	Kalihat	SWANIRVAR	Dhaka	27448	1	0	0	84	39	0	86	6	0	6	24	76	128	228	28	56	185	269	63	252	1447	1762	418	1888	2984	5290
154	Karimganj	SWANIRVAR	Dhaka	8957	1	1	0	33	7	7	35	3	0	3	21	83	142	246	28	77	157	262	75	68	489	632	252	783	1417	2452
155	Katiadi	SWANIRVAR	Dhaka	15155	1	1	0	44	24	0	46	4	0	4	42	80	276	398	49	120	341	510	74	144	314	532	281	1150	1301	2732

60

Performance Report of RSDP Thana for the period of September 1999 -

Contraceptive Supplies and Distribution

Sl no	Site /Thana	NGO Alias	TA Unit	GOB Supplied Pill (cycle)					GOB Supplied Condom (pieces)					Injectable					IUD							
				Opening balance	Received this month from GOB	Total this month	Total Distribution	Balance at the end of this month	Opening balance	Received this month from GOB	Total Condom this month	Total Distribution	Balance at the end of this month	Opening balance	Injectable Intended to GOB	Received this month from GOB	Received this month from RSDP	Total Injectable this month	Total Distribution	Balance at the end of this month	Opening balance	Received this month from GOB	Total IU this month	Total Distribution	Balance at the end of this month	
1	Alfadanga	BAMANEH	Faridpur	283	450	733	511	222	3237	2160	5397	3480	1917	50	300	175	0	225	186	39	19	0	19	10	9	
2	Boalmari	BAMANEH	Faridpur	123	555	678	570	108	2120	720	2840	1764	1076	0	492	300	0	300	254	46	16	0	16	3	13	
3	Chandina	BAMANEH	Habiganj	3102	0	3102	1004	2098	2652	12000	14652	8316	6336	1707	0	0	0	1707	479	1228	4	13	17	9	8	
4	Dohar	BAMANEH	Dhaka	3236	1440	4676	1105	3571	5774	0	5774	2375	3399	65	200	100	100	265	66	199	0	50	50	0	50	
5	Gabtol	BAMANEH	Nilphamari	2615	1863	4478	1483	2995	7626	4200	11826	3552	8274	345	600	569	0	914	463	451	4	32	36	22	14	
6	Keraniganj	BAMANEH	Dhaka	3444	669	4113	859	3254	8460	4000	12460	3628	8832	130	0	232	150	512	191	321	0	20	20	3	17	
7	Nowabganj	BAMANEH	Dhaka	0	2880	2880	716	2164	0	3000	3000	1461	1539	56	200	200	150	406	178	228	7	20	27	4	23	
8	Shilganj	BAMANEH	Nilphamari	7475	5760	13235	2962	10273	6013	7200	13213	4778	8435	261	0	650	0	911	676	235	5	5	10	6	4	
9	Sonatola	BAMANEH	Nilphamari	153	3090	3243	1074	2169	3210	1000	4210	3468	742	144	1000	453	0	597	297	300	8	10	18	3	15	
10	Companiganj	BANDHAN	Feni	1164	957	2121	711	1410	776	3700	4476	936	3540	167	0	267	0	434	194	240	10	0	10	0	10	
11	Senbag	BANDHAN	Feni	1518	720	2238	578	1660	7524	6000	13524	3342	10182	107	0	250	0	357	163	194	33	0	33	1	32	
12	Azmiriganj	BRAC	Habiganj	1284	0	1284	309	975	224	0	224	36	188	8	0	50	0	58	77	-19	5	0	5	7	-2	
13	Bahubal	BRAC	Habiganj	128	150	278	117	161	544	1296	1840	960	880	30	0	34	100	164	41	123	0	10	10	6	4	
14	Baniachang	BRAC	Habiganj	0	1440	1440	0	1440	0	576	576	492	84	74	0	250	100	424	159	265	13	60	73	11	62	
15	Barolekha	BRAC	Habiganj	473	180	653	245	408	2048	0	2048	384	1664	105	0	129	0	234	111	123	15	10	25	4	21	
16	Bhaluka	BRAC	Dhaka	14313	2880	17193	1851	15342	8800	5000	13800	988	12812	43	0	350	0	393	182	211	21	0	21	3	18	
17	Chatak	BRAC	Habiganj	1792	0	1792	314	1478	1976	0	1976	696	1280	25	0	0	75	100	55	45	22	0	22	2	20	
18	Chunarughat	BRAC	Habiganj	4838	0	4838	2429	2409	6143	0	6143	1284	4859	258	0	178	75	511	241	270	13	20	33	15	18	
19	Dewrabazar	BRAC	Habiganj	1200	0	1200	337	863	1176	0	1176	372	804	0	0	100	0	100	42	58	9	0	9	5	4	
20	Dharmapasha	BRAC	Habiganj	376	0	376	279	97	380	0	380	60	320	10	0	0	10	4	6	10	0	10	4	6		
21	Dimla	BRAC	Nilphamari	0	1440	1440	795	645	0	600	600	260	340	0	0	100	0	100	99	1	2	20	22	2	20	
22	Domar	BRAC	Nilphamari	906	0	906	456	450	708	0	708	516	192	6	500	0	6	331	-325	10	8	18	6	12		
23	Habiganj	BRAC	Habiganj	339	1545	1884	1988	104	1519	2016	3535	948	2587	140	0	167	0	307	161	146	21	0	21	2	19	
24	Jaldhaka	BRAC	Nilphamari	436	436	872	436	436	0	600	600	102	498	690	100	0	690	519	171	10	10	20	6	14		
25	Jhinalgati	BRAC	Dhaka	0	0	0	0	0	31	144	175	175	0	25	0	400	0	425	247	178	22	20	42	8	34	
26	Kamaliganj	BRAC	Habiganj	1007	900	1907	534	1373	914	300	1214	528	686	41	0	350	0	391	187	204	23	0	23	7	16	
27	Kishoreganj	BRAC	Nilphamari	0	0	0	0	0	2736	2736	2736	2736	0	0	150	0	150	146	4	0	10	10	3	7		
28	Kulaura	BRAC	Habiganj	2187	0	2187	559	1628	2602	288	2890	996	1894	183	0	483	0	666	324	342	20	0	20	2	18	
29	Lakkhal	BRAC	Habiganj	486	0	486	217	269	192	0	192	192	0	34	0	0	75	109	33	76	0	0	0	0	0	
30	Madhabpur	BRAC	Habiganj	58	720	778	219	559	98	720	818	340	478	48	0	140	150	338	114	224	18	5	23	12	11	
31	Moulvibazar	BRAC	Habiganj	222	255	477	477	0	352	576	928	900	28	16	0	278	0	294	133	161	2	20	22	3	19	
32	Mukttagacha	BRAC	Dhaka	4625	0	4625	677	3948	4510	0	4510	800	3710	129	0	200	0	329	159	170	0	10	10	2	8	
33	Nabiganj	BRAC	Habiganj	1332	0	1332	378	954	1232	0	1232	474	758	46	0	146	150	342	119	223	16	10	26	13	13	
34	Nakhle	BRAC	Dhaka	159	0	159	122	37	0	0	0	0	0	0	0	400	125	525	325	200	23	20	43	12	31	
35	Nalitbari	BRAC	Dhaka	461	0	461	461	0	0	0	0	0	0	266	0	300	0	566	508	58	4	11	15	8	7	
36	Nilphamari	BRAC	Nilphamari	693	0	693	317	376	712	300	1012	660	352	612	0	400	0	1012	452	560	31	0	31	4	27	
37	Rajanagar	BRAC	Habiganj	3151	0	3151	2622	529	2124	0	2124	660	1464	347	0	240	0	587	134	453	2	13	15	4	11	
38	Saidpur	BRAC	Nilphamari	0	1678	1678	1678	0	0	1440	1440	1440	0	207	0	255	0	462	295	167	17	0	17	2	15	
39	Sakhipur	BRAC	Dhaka	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40	Sherpur	BRAC	Dhaka	0	600	600	186	414	300	2600	2900	182	2718	747	0	400	0	1147	649	498	12	12	24	7	17	
41	Sonargaon	BRAC	Habiganj	11	2880	2891	502	2389	794	1900	2694	716	1978	10	0	200	0	210	177	33	0	0	0	0	0	
42	Sreebardi	BRAC	Dhaka	0	180	180	180	0	500	500	1000	1000	0	169	0	200	0	369	249	120	7	10	17	5	12	
43	Sreemongal	BRAC	Habiganj	1106	0	1106	270	836	60	288	348	96	252	90	0	120	0	210	178	32	14	0	14	6	8	
44	Tahirpur	BRAC	Habiganj	900	720	1620	0	1620	1000	1000	2000	0	2000	7	0	0	0	7	7	0	20	0	20	0	20	
45	Chitalmari	CRC	Faridpur	761	2880	3641	1967	1674	6064	2000	8064	3477	4587	37	175	175	0	212	174	38	22	0	22	3	19	
46	Morretganj	CRC	Faridpur	1432	0	1432	1090	342	9748	0	9748	2576	7172	101	300	300	0	401	199	202	61	0	61	3	58	
47	Sharankhola	CRC	Faridpur	526	909	1435	571	864	4215	0	4215	2376	1839	20	150	150	0	170	92	78	17	0	17	2	15	

61

Performance Report of RSDP Thana for the period of September 1999 -

Contraceptive Supplies and Distribution

SI no	Site /Thana	NGO Alias	TA Unit	GOB Supplied Pill (cycle)					GOB Supplied Condom (pieces)					Injectable					IUD						
				Open- ing balance	Receiv- ed this month from GOB	Total Pill this month	Total Distribu- tion	Balance at the end of this month	Opening balance	Received this month from GOB	Total Condom this month	Total Distribu- tion	Balance at the end of this month	Open- ing balance	Injecta- ble intend- ed to GOB	Receiv- ed this month from GOB	Receiv- ed this month from RSDP	Total Injectab- le this month	Total Distribu- tion	Balance at the end of this month	Open- ing balan- ce	Receiv- ed this month from GOB	Total IU this month	Total Distribu- tion	Balance at the end of this month
95	Louhajang	PSF	Dhaka	0	1004	1004	1004	0	848	6000	6848	2644	4204	0	321	107	0	107	107	0	4	0	4	0	4
96	Mithapukur	PSF	Nilphamari	2162	1440	3602	1441	2161	1557	4000	5557	1539	4018	129	800	800	0	929	501	428	4	20	24	8	16
97	Monohardi	PSF	Habiganj	2720	0	2720	726	1994	6290	0	6290	1902	4388	0	5000	200	0	200	0	200	10	0	10	0	10
98	Muradnagar	PSF	Habiganj	1186	0	1186	131	1055	4548	0	4548	1200	3348	0	200	0	0	0	0	0	0	0	0	0	0
99	Parbatpur	PSF	Nilphamari	5501	2840	8341	4530	3811	1484	6000	7484	3520	3964	171	600	771	0	942	395	547	9	0	9	0	9
100	Pirgacha	PSF	Nilphamari	739	1440	2179	1216	963	4508	0	4508	1324	3184	0	600	450	0	450	421	29	7	0	7	0	7
101	Pirganj	PSF	Nilphamari	867	2880	3747	2507	1240	280	7200	7480	5368	2112	108	600	600	400	1108	513	595	9	0	9	3	6
102	Raipura	PSF	Habiganj	1329	1440	2769	700	2069	1440	11520	12960	9072	3888	0	800	600	0	600	494	106	32	0	32	7	25
103	Shahajadpur	PSF	Nilphamari	2778	0	2778	466	2312	8927	7200	16127	3775	12352	492	0	800	0	1292	668	624	105	0	105	4	101
104	Sreenagar	PSF	Dhaka	1010	2160	3170	1151	2019	5805	0	5805	2220	3585	168	400	130	0	298	124	174	26	0	26	2	24
105	Sreepur(PSF)	PSF	Faridpur	2798	600	3398	1295	2103	4708	2880	7588	2880	4708	37	197	100	0	137	117	20	6	0	6	2	4
106	Sujanagar	PSF	Nilphamari	3612	0	3612	1407	2205	5456	0	5456	2083	3373	28	600	450	0	478	296	182	19	0	19	2	17
107	Ullapara	PSF	Nilphamari	2104	1440	3544	1038	2506	9202	0	9202	4564	4638	136	1000	700	0	836	546	290	11	0	11	0	11
108	Bheramara	PSKS	Faridpur	1275	1440	2715	557	2158	612	5760	6372	5292	1080	0	500	300	0	300	271	29	40	0	40	0	40
109	Daulatpur	PSKS	Faridpur	2070	1440	3510	388	3122	11112	11520	22632	7308	15324	392	1200	500	0	892	628	264	18	5	23	5	18
110	Gangni	PSKS	Faridpur	2841	0	2841	1358	1483	9287	7200	16487	9612	6875	218	1200	900	0	1118	872	246	26	0	26	3	23
111	Kashiani	SGS	Faridpur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
112	Muksedpur	SGS	Faridpur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
113	Tongipara	SGS	Faridpur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
114	Balaganj	Shimantik	Habiganj	193	580	773	765	8	1184	1400	2584	2532	52	63	100	100	0	163	154	9	0	10	10	2	8
115	Bianibazar	Shimantik	Habiganj	1958	2304	4262	1066	3196	1114	14200	15314	6660	8654	3	200	116	0	119	119	0	27	0	27	4	23
116	Golaganj	Shimantik	Habiganj	3154	1311	4465	719	3746	5976	3700	9676	2328	7348	102	200	227	0	329	164	165	9	10	19	4	15
117	Jaintapur	Shimantik	Habiganj	530	672	1202	502	700	4676	2700	7376	2496	4880	88	200	200	0	288	120	168	8	10	18	2	16
118	Kanaighat	Shimantik	Habiganj	1109	570	1679	678	1001	6564	3456	10020	4692	5328	14	226	0	100	114	113	1	0	0	0	0	0
119	Zakiganj	Shimantik	Habiganj	1784	720	2504	977	1527	7500	5760	13260	4032	9228	37	312	150	0	187	178	9	0	5	5	1	4
120	Barura	SOPIRET	Habiganj	2425	0	2425	229	2196	2915	0	2915	1680	1235	74	200	0	0	74	66	8	0	0	0	0	0
121	Faridganj	SOPIRET	Feni	1736	2880	4616	1237	3379	1614	2000	3614	1284	2330	697	300	200	0	897	337	560	4	10	14	5	9
122	Haziganj	SOPIRET	Feni	495	1440	1935	593	1342	92	2000	2092	768	1324	218	400	200	0	418	200	218	8	0	8	7	1
123	Kachua	SOPIRET	Feni	3273	720	3993	1254	2739	1707	500	2207	720	1487	181	600	458	0	639	246	393	5	20	25	8	17
124	Laksam	SOPIRET	Habiganj	270	720	990	312	678	300	500	800	582	218	22	400	160	0	182	165	17	0	0	0	0	0
125	Nangalkot	SOPIRET	Habiganj	1116	99	1215	539	676	592	200	792	780	12	39	200	25	0	64	46	18	0	0	0	0	0
126	Ramganj	SOPIRET	Feni	2609	1440	4049	1305	2744	2276	2000	4276	1236	3040	14	400	225	0	239	225	14	20	13	33	12	21
127	Ramgati	SOPIRET	Feni	6437	1440	7877	2132	5745	2213	2000	4213	1500	2713	7	600	500	0	507	498	9	23	13	36	8	28
128	Sreemongal	SUPPS	Habiganj	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
129	Fatikchari	SUS	Feni	1961	1440	3401	792	2609	467	2000	2467	1476	991	109	500	300	0	409	314	95	16	10	26	7	19
130	Rangula	SUS	Feni	1816	207	2023	771	1252	3012	2200	5212	1800	3412	37	287	250	0	287	157	130	0	0	0	0	0
131	Rawzan	SUS	Feni	2974	0	2974	1219	1755	24	5000	5024	4116	908	69	300	300	0	369	226	143	0	0	0	0	0
132	Sandwip	SUS	Feni	1223	200	1423	362	1061	4636	500	5136	1272	3864	181	0	0	0	181	153	28	0	0	0	0	0
133	Sitakundi	SUS	Feni	1383	1206	2589	861	1728	3222	500	3722	1056	2666	131	748	200	0	331	246	85	12	0	12	4	8
134	Atwari	SWANIRVAR	Nilphamari	1241	2160	3401	1040	2361	1959	2000	3959	1098	2861	156	600	110	0	266	56	210	37	20	57	13	44
135	Austagram	SWANIRVAR	Dhaka	1677	0	1677	918	759	5633	0	5633	3624	2009	194	300	0	0	194	102	92	14	0	14	6	8
136	Basail	SWANIRVAR	Dhaka	3836	0	3836	616	3220	15046	0	15046	4140	10906	131	200	0	200	331	111	220	15	0	15	5	10
137	Bhalrab	SWANIRVAR	Dhaka	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
138	Dhuapur	SWANIRVAR	Dhaka	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
139	Bokshiganj	SWANIRVAR	Dhaka	1701	1440	3141	1366	1775	2669	2000	4669	1586	3083	0	1220	692	0	692	538	154	0	30	30	1	29
140	Chagolnalya	SWANIRVAR	Feni	1458	0	1458	615	843	8	3200	3208	3130	78	40	100	100	0	140	106	34	5	10	15	2	13
141	Dagonbhuyian	SWANIRVAR	Feni	1209	1440	2649	1077	1572	7301	0	7301	3784	3517	197	475	200	0	397	213	184	12	10	22	1	21

62

Performance Report of RSDP Thana for the period of September 1999 -

Sl no	Thana	NGO Alias	TA Unit	District	Division	J. National Immunization Day (NID) Report				Comments
						Round-1		Round-2		
						Number of Children Given		Number of Children Given		
		Polio	Vita-A	Polio	Vita-A					
1	Alfadanga	BAMANEH	Faridpur	Faridpur	Dhaka	0	0	0	0	
2	Boalmari	BAMANEH	Faridpur	Faridpur	Dhaka	0	0	0	0	
3	Chandina	BAMANEH	Habiganj	Comilla	Chittagong	0	0	0	0	
4	Dohar	BAMANEH	Dhaka	Dhaka	Dhaka	0	0	0	0	
5	Gabtol	BAMANEH	Nilphamari	Bogra	Rajshahi	0	0	0	0	
6	Keraniganj	BAMANEH	Dhaka	Dhaka	Dhaka	0	0	0	0	
7	Nowabganj	BAMANEH	Dhaka	Dhaka	Dhaka	0	0	0	0	
8	Shibganj	BAMANEH	Nilphamari	Bogra	Rajshahi	0	0	0	0	
9	Sonetola	BAMANEH	Nilphamari	Bogra	Rajshahi	0	0	0	0	
10	Companiganj	BANDHAN	Feni	Noakhali	Chittagong	0	0	0	0	
11	Senbag	BANDHAN	Feni	Noakhali	Chittagong	0	0	0	0	
12	Azmiriganj	BRAC	Habiganj	Habiganj	Sylhet	0	0	0	0	
13	Bahubal	BRAC	Habiganj	Habiganj	Sylhet	0	0	0	0	
14	Banlachang	BRAC	Habiganj	Habiganj	Sylhet	0	0	0	0	
15	Barolekha	BRAC	Habiganj	Moulvibazar	Sylhet	0	0	0	0	
16	Bhaluka	BRAC	Dhaka	Mymensingh	Dhaka	0	0	0	0	
17	Chatak	BRAC	Habiganj	Sunamganj	Sylhet	0	0	0	0	
18	Chunarughat	BRAC	Habiganj	Habiganj	Sylhet	0	0	0	0	
19	Dewrabazar	BRAC	Habiganj	Sunamganj	Sylhet	0	0	0	0	
20	Dharmapasha	BRAC	Habiganj	Sunamganj	Sylhet	0	0	0	0	
21	Dimla	BRAC	Nilphamari	Nilphamari	Rajshahi	0	0	0	0	
22	Domar	BRAC	Nilphamari	Nilphamari	Rajshahi	0	0	0	0	
23	Habiganj	BRAC	Habiganj	Habiganj	Sylhet	0	0	0	0	
24	Jaldhaka	BRAC	Nilphamari	Nilphamari	Rajshahi	0	0	0	0	
25	Jhinalgat	BRAC	Dhaka	Sherpur	Dhaka	0	0	0	0	
26	Kamaliganj	BRAC	Habiganj	Moulvibazar	Sylhet	0	0	0	0	
27	Kishoreganj	BRAC	Nilphamari	Nilphamari	Rajshahi	0	0	0	0	
28	Kulaura	BRAC	Habiganj	Moulvibazar	Sylhet	0	0	0	0	
29	Lakhal	BRAC	Habiganj	Habiganj	Sylhet	0	0	0	0	
30	Madhabpur	BRAC	Habiganj	Habiganj	Sylhet	0	0	0	0	
31	Moulvibazar	BRAC	Habiganj	Moulvibazar	Sylhet	0	0	0	0	
32	Muktogacha	BRAC	Dhaka	Mymensingh	Dhaka	0	0	0	0	
33	Nabiganj	BRAC	Habiganj	Habiganj	Sylhet	0	0	0	0	
34	Nakhla	BRAC	Dhaka	Sherpur	Dhaka	0	0	0	0	
35	Nalitabari	BRAC	Dhaka	Sherpur	Dhaka	0	0	0	0	
36	Nilphamari	BRAC	Nilphamari	Nilphamari	Rajshahi	0	0	0	0	
37	Rajanagar	BRAC	Habiganj	Moulvibazar	Sylhet	0	0	0	0	
38	Saldpur	BRAC	Nilphamari	Nilphamari	Rajshahi	0	0	0	0	
39	Sakhipur	BRAC	Dhaka	Tangail	Dhaka	0	0	0	0	

Performance Report of RSDP Thana for the period of September 1999 -

J. National Immunization Day (NID) Report

Sl no	Thana	NGO Alias	TA Unit	District	Division	Round-1		Round-2		Comments
						Number of Children Given		Number of Children Given		
						Pollo	Vita-A	Pollo	Vita-A	
79	Nasirnagar	JUSSS	Habiganj	B.Barla	Chittagong	0	0	0	0	
80	Sarail	JUSSS	Habiganj	B.Barla	Chittagong	0	0	0	0	
81	Bhedarganj	MMKS	Faridpur	Sharlatpur	Dhaka	0	0	0	0	
82	Damudya	MMKS	Faridpur	Sharlatpur	Dhaka	0	0	0	0	
83	Gosalrhat	MMKS	Faridpur	Sharlatpur	Dhaka	0	0	0	0	
84	Rajjar	MMKS	Faridpur	Madarpur	Dhaka	0	0	0	0	
85	Shibchar	MMKS	Faridpur	Madarpur	Dhaka	0	0	0	0	
86	Zanjira	MMKS	Faridpur	Sharlatpur	Dhaka	0	0	0	0	
87	Kumarkhail	PJS	Faridpur	Khustia	Khulina	0	0	0	0	
88	Badalgachi	PSF	Nilphamari	Naogaon	Rajshahi	0	0	0	0	
89	Belabo	PSF	Habiganj	Narsingdi	Dhaka	0	0	0	0	
90	Biroi	PSF	Nilphamari	Dinajpur	Rajshahi	0	0	0	0	
91	Burichang	PSF	Habiganj	Comilla	Chittagong	0	0	0	0	
92	Daudkandi	PSF	Habiganj	Comilla	Chittagong	0	0	0	0	
93	Dhamulrhat	PSF	Nilphamari	Naogaon	Rajshahi	0	0	0	0	
94	Kazipara	PSF	Nilphamari	Sirajganj	Rajshahi	0	0	0	0	
95	Louhajang	PSF	Dhaka	Munshiganj	Dhaka	0	0	0	0	
96	Mithapukur	PSF	Nilphamari	Rangpur	Rajshahi	0	0	0	0	
97	Monohardi	PSF	Habiganj	Narsingdi	Dhaka	0	0	0	0	
98	Muradnagar	PSF	Habiganj	Comilla	Chittagong	0	0	0	0	
99	Parbatipur	PSF	Nilphamari	Dinajpur	Rajshahi	0	0	0	0	
100	Pirgacha	PSF	Nilphamari	Rangpur	Rajshahi	0	0	0	0	
101	Pirganj	PSF	Nilphamari	Rangpur	Rajshahi	0	0	0	0	
102	Raipura	PSF	Habiganj	Narsingdi	Dhaka	0	0	0	0	
103	Shahajadpur	PSF	Nilphamari	Sirajganj	Rajshahi	0	0	0	0	
104	Sreenagar	PSF	Dhaka	Munshiganj	Dhaka	0	0	0	0	
105	Sreepur(PSF)	PSF	Faridpur	Magura	Khulina	0	0	0	0	
106	Sujanagar	PSF	Nilphamari	Pabna	Rajshahi	0	0	0	0	
107	Ullapara	PSF	Nilphamari	Sirajganj	Rajshahi	0	0	0	0	
108	Bheramara	PSKS	Faridpur	Khustia	Khulina	0	0	0	0	
109	Deulatpur	PSKS	Faridpur	Khustia	Khulina	0	0	0	0	
110	Gangni	PSKS	Faridpur	Meherpur	Khulina	0	0	0	0	
111	Kashiani	SGS	Faridpur	Gopalganj	Dhaka	0	0	0	0	
112	Muksedpur	SGS	Faridpur	Gopalganj	Dhaka	0	0	0	0	
113	Tonglpara	SGS	Faridpur	Gopalganj	Dhaka	0	0	0	0	
114	Bataganj	Shimantik	Habiganj	Sylhet	Sylhet	0	0	0	0	
115	Bhanibazar	Shimantik	Habiganj	Sylhet	Sylhet	0	0	0	0	
116	Golapganj	Shimantik	Habiganj	Sylhet	Sylhet	0	0	0	0	
117	Jaintapur	Shimantik	Habiganj	Sylhet	Sylhet	0	0	0	0	

Performance Report of RSDP Thana for the period of September 1999 -

Sl no	Thana	NGO Alias	TA Unit	District	Division	J. National Immunization Day (NID) Report				Comments
						Round-1		Round-2		
						Number of Children Given		Number of Children Given		
		Polio	Vita-A	Polio	Vita-A					
157	Lalmohan	SWANIRVAR	Faridpur	Bhola	Barisal	0	0	0	0	
158	Madhupur	SWANIRVAR	Dhaka	Tangail	Dhaka	0	0	0	0	
159	Melandah	SWANIRVAR	Dhaka	Jamalpur	Dhaka	0	0	0	0	
160	Monpura	SWANIRVAR	Faridpur	Bhola	Barisal	0	0	0	0	
161	Nagarpur	SWANIRVAR	Dhaka	Tangail	Dhaka	0	0	0	0	
162	NIKI	SWANIRVAR	Dhaka	Kishoreganj	Dhaka	0	0	0	0	
163	Pakundia	SWANIRVAR	Dhaka	Kishoreganj	Dhaka	0	0	0	0	
164	Panchbibi	SWANIRVAR	Nilphamari	Jalpurhat	Rajshahi	0	0	0	0	
165	Parshuram	SWANIRVAR	Feni	Feni	Chittagong	0	0	0	0	
166	Sevar	SWANIRVAR	Dhaka	Dhaka	Dhaka	0	0	0	0	
167	Sonagazi	SWANIRVAR	Feni	Feni	Chittagong	0	0	0	0	
168	Tarail	SWANIRVAR	Dhaka	Kishoreganj	Dhaka	0	0	0	0	
169	Tazumuddin	SWANIRVAR	Faridpur	Bhola	Barisal	0	0	0	0	
170	Balakandi	VPKA	Faridpur	Rajbari	Dhaka	0	0	0	0	
171	Goalandaghat	VPKA	Faridpur	Rajbari	Dhaka	0	0	0	0	
172	Pangsha	VPKA	Faridpur	Rajbari	Dhaka	0	0	0	0	
Grand Total:						0	0	0	0	

Appendix - B

Progress of the IR Action

Progress towards each of the major actions in the approved workplan for RSDP is listed in the following table.

Sl. No.	Action Plan and tasks	Key collaborators	Progress upto March 1999	Progress upto September 1999
IR#1: Use of high impact family health services in target population increased.				
SR 1.1 In approximately 258 low, marginal and high performing thanas high priority services from ESP offered innovatively, cost effectively and according to national standards				
1.	Contribute to and collaborate in the design of cost effective service interventions			
	<ul style="list-style-type: none"> Contribute to and collaborate in the study on "Operationalizing a cost effective tiered system for delivering ESP by the NGOs" 	ORP	<ul style="list-style-type: none"> As a part of the study now RSDP/ORP in concentrating on the issues of selective visitation of DHs and later on would work on incentive and motivation factors 	<ul style="list-style-type: none"> Study on selective visitation of DHs and incentive and motivation factors was completed. Final report will be ready in October 99
	<ul style="list-style-type: none"> Contribute to the operationalization of the cost effective delivery of ESP 	ORP	<ul style="list-style-type: none"> Will follow after the study 	<ul style="list-style-type: none"> Some interventions from DHs study are already being piloted
2.	Conduct Baseline Survey and utilize data	ORP	ACPR has been subcontracted to conduct the baseline survey. Data collection in all NGO areas has been completed by April 20, 1999. Data processing, cleaning, and analysis is in progress. Draft results and report would be available for comments by June 30, 1999.	Draft has been used for presentation during the strategic change meeting. Baseline information has been used in the development of the Than IEC plans and NGO project renewal process.
3.	Use the baseline data and develop a system for monitoring progress	ORP		Plans are completed will be implemented in FY2000
4.	Orient NGO managers and service providers on standards and guidelines of the ESP services to be provided in the NGO areas <ul style="list-style-type: none"> Conduct orientation for the non-medical supervisors in the RSDP system on ESP service standards and guidelines 	QIP	<ul style="list-style-type: none"> 9 workshops planned and designed Pathfinder HQ provides TA on the development of the workshop material and develops the TOT curriculum TOT conducted by Ms. Ellen (PF HQ) for RSDP and QIP officers 4 workshop arranged for 86 RSDP TOs and NGO supervisors 	<ul style="list-style-type: none"> 10 workshops completed. Total attendee 240
5.	Ensure DTC and DGFP approvals for all NGO static clinics		<ul style="list-style-type: none"> 148 DTC approval received 138 DGFP approvals received 	<ul style="list-style-type: none"> 164 clinics has both DTC and DGFP approvals 11 remaining got DTC approval
6.	Strengthening Child Health Services at the ICDDR'B in its rural Matlab		<ul style="list-style-type: none"> Field trip completed for identification of RSDP involvement First draft on the proposal developed 	<ul style="list-style-type: none"> Proposal will be submitted in Nov99.

Sl. No.	Action Plan and tasks	Key Collaborators	Progress upto March 1999	Progress upto September 1999
SR1.3 In targeted thanas, appropriate ESP services for critical undeserved population (newlyweds, low parity women, males, pregnant women and adolescents) provided				
17.	Introduce special services as per family health requirements of the critical undeserved population			
	<ul style="list-style-type: none"> Contribute and collaborate in the study on "Strategies to improve prevention and management of RTIs and STDs in Bangladesh" 	ORP	<ul style="list-style-type: none"> Proposal has been reviewed by RSDP. ORP is in the process of developing the questionnaire. 	<ul style="list-style-type: none"> Planning for the implementation of the study completed with ORP. Implementation will be initiated form Nov99
	<ul style="list-style-type: none"> Contribute and collaborate in the study on "Modified strategy for ensuring referral and linkage for Essential Obstetric Care (EOC)" 	ORP	<ul style="list-style-type: none"> Data collection instrument for a baseline survey has been reviewed and finalized. Baseline study is planned for beginning in May 99 	<ul style="list-style-type: none"> Planning for the implementation of the study completed with ORP. Implementation will be initiated form Nov99
	<ul style="list-style-type: none"> Conduct community level meetings for NWC and adolescents 	SMC, GOB	<ul style="list-style-type: none"> Guideline for the NWC orientation has been completed and distributed to the NGOs 1307 .NWC orientations meeting arranged by the NGOs 	<ul style="list-style-type: none"> 3,112 orientations held by NGOs
	<ul style="list-style-type: none"> Distribute congratulatory letters to the Newlywed couples 	GOB	<ul style="list-style-type: none"> 5903. Congratulatory letters distributed in this period 	<ul style="list-style-type: none"> 23,579 Congratulatory letters distributed
	<ul style="list-style-type: none"> Develop postpartum service delivery package strategy 	QIP, SMC		<ul style="list-style-type: none"> Strategy identified and plan for implementation incorporated in the FY2000
	<ul style="list-style-type: none"> Initiate special activities for increasing male involvement in two RTI/STD thanas supported by RSDP 	SMC, ORP	<ul style="list-style-type: none"> Preliminary discussions held with SMC. 	<ul style="list-style-type: none"> Yet to be initiated
	<ul style="list-style-type: none"> Develop assessment plans for Young Adults Reproductive Health (Y ARH) 	ORP, FOCUS	<ul style="list-style-type: none"> ORP and FOCUS has conducted a need assessment of the adolescents (male, female, married, unmarried 10-19 yrs) in both rural and urban areas. Results will be available in June 1999. 	<ul style="list-style-type: none"> RSDP would decide whether similar studies need to be conducted considering the findings of the ORP/ FOCUS An assessment of the Newlywed couples is to be conducted based partially on this needs assessment
18.	<ul style="list-style-type: none"> Support FLE program for adolescents by BRAC in BRAC implementation areas Evaluation & follow up of FLE program for adolescents in BRAC schools for possible replication and expansion 	FOCUS, ORP	<ul style="list-style-type: none"> A study has been designed to assess BRAC AFLE program. The study would be conducted during May 23-June 17, 1999. Another study has been designed to assess newly married couples program of RSDP. The study would begin in June 1999. 	<ul style="list-style-type: none"> Completed

Sl. No.	Action Plan and tasks	Key Collaborators	Progress upto March 1999	Progress upto September 1999
8.	One Message Development workshop held for GOB & NGO program personnel (Senior to mid-level decision makers, planners and program managers) <ul style="list-style-type: none"> Approx. 5 GOB, 6 RSDP, 6 UFHP, 5 NIPHP and 3 private sector Senior to Mid level program managers will have developed communication skills 		<ul style="list-style-type: none"> A workshop have planned to be held in June, 1999 	<ul style="list-style-type: none"> Twenty-eight participants representing the GOB, NGO, NIPHP Partners and private sector agencies attended the workshop. From RSDP, Project Managers of DCPUK, MMKS, JTS and attended the workshop.
9.	TA to existing Jiggasha thanas provided <ul style="list-style-type: none"> Revise Jiggasha model for ESP Conduct TOT for the training team 	GOB	<ul style="list-style-type: none"> A committee have been formed to revise existing Jiggasha curriculum to make it useful in the light of ESP 	<ul style="list-style-type: none"> Completed
10.	Publication of a bimonthly newsletter, SANGJOG		<ul style="list-style-type: none"> Bi monthly publication is going on 	<ul style="list-style-type: none"> Publication is going on a regularly basis
SR 2.2 Contribute to national HIV/AIDS IEC strategy/ program				
11.	Contributed to GOB/NGOs in the development of national HIV/AIDS IEC strategy <ul style="list-style-type: none"> Share the review findings of Literature and Program on HIV/AIDS 	GOB & UNAIDS	<ul style="list-style-type: none"> Contributed to GOB/NGOs in the development of national HIV/AIDS IEC/BCC strategy BCCP made a member of the national HIV/AIDS IEC team 	<ul style="list-style-type: none"> Completed
12.	Some IEC materials developed, pretested, produced, monitored and evaluated as part of implementation of the strategy. A list of probable IEC materials is provided below. However, the types of media will be determined after the IEC Strategy is developed and finalised. <ul style="list-style-type: none"> Audio Video Print 	GOB & UNAIDS	<ul style="list-style-type: none"> Not yet done 	<ul style="list-style-type: none"> Yet to be initiated
SR 2.3 IEC program of NGOs strengthened and expanded				
13.	RSDP IEC strategy and implementation plan operationalised			
	<ul style="list-style-type: none"> Completed Draft 		<ul style="list-style-type: none"> The draft report is completed 	<ul style="list-style-type: none"> The draft report is completed
	<ul style="list-style-type: none"> Review and finalize 		<ul style="list-style-type: none"> Review is under process 	<ul style="list-style-type: none"> Review completed
14	Messages and materials such as television and radio spots, TV drama serial, flipchart, brochure, poster, billboard, cinema slides etc. produced for service providers and rural customers			
	<ul style="list-style-type: none"> Television spots (one/two) aired 	GOB	<ul style="list-style-type: none"> A TV spot to promote RSDP clinics and available ESP services aired 	<ul style="list-style-type: none"> Already broadcast during October-December 1998 through BTB
	<ul style="list-style-type: none"> Radio spots (one /two) aired 	GOB	<ul style="list-style-type: none"> A Radio spot to promote RSDP clinics and available ESP services aired 	<ul style="list-style-type: none"> Already broadcast during October-December 1998 through Bangladesh Radio

Sl. No.	Action Plan and tests	Key Collaborators	Progress upto March 1999	Progress upto September 1999
	<ul style="list-style-type: none"> Cinema slides for STD/HIV AIDS for 2 thanas 		<ul style="list-style-type: none"> After finalization of the STD/HIV/AIDS protocol, the development process will began 	<ul style="list-style-type: none"> Development process have been started
16.	Review CMs TOT and DHs training modules for Interpersonal Communication skills and knowledge and revise for refresher training		<ul style="list-style-type: none"> Development of an IPC/C curriculum is under process. It is planned to review scheduled IPC along with existing DH training curriculum to plan for a refresher training 	<ul style="list-style-type: none"> Yet to be initiated
17.	Develop Thana Specific IEC plan for NGOs including guidelines on how to implement the plan and reporting system for IEC activities		<ul style="list-style-type: none"> In course of development process consultative meetings with nine thana team have been completed 	<ul style="list-style-type: none"> Implementation of Thana Specific IEC plan has already initiated in all RSDP supported NGOs
18.	Community Mobilizers orientation held and their skill enhanced			
	<ul style="list-style-type: none"> Guideline for conducting community level meetings 		<ul style="list-style-type: none"> It is planned that this would be incorporated in the thana specific IEC plan 	<ul style="list-style-type: none"> Already incorporate with thana specific IEC plan
	<ul style="list-style-type: none"> Talking Points for CMs regarding ESP in mosques, educational institution, youth clubs, mothers clubs 		<ul style="list-style-type: none"> This has also been planned to incorporate in the thana specific IEC plan 	<ul style="list-style-type: none"> Being implemented as a part of thana specific IEC plan
	<ul style="list-style-type: none"> Diary for the CM (Thana Managers, FWVs) 		<ul style="list-style-type: none"> RSDP diary developed and sent to RSDP thanas in December, 1998 	<ul style="list-style-type: none"> RSDP diary developed and sent to RSDP thanas in December, 1998
19.	Depot Holders popularized in the community and their skill enhanced			
	<ul style="list-style-type: none"> Sign board for Depot Holder's house 		<ul style="list-style-type: none"> Prototype signboard developed and sent to RSDP thanas 	<ul style="list-style-type: none"> Most of DHs have Sign board for thier's house
	<ul style="list-style-type: none"> Organizing community meetings for introducing DHs to the community 		<ul style="list-style-type: none"> Planned to incorporate in the thana specific IEC plan 	<ul style="list-style-type: none"> Already incorporate with thana specific IEC plan
20.	Technical assistance provided to TMs to observe specific National/International Days.			
	<p>Guidelines for observance of : (to be included in Thana IEC plan)</p> <ul style="list-style-type: none"> World AIDS Day (Dec.1, 1998) International Women's Day (March 8, 1999) World Health Day (April 7, 1999) Safe Motherhood Day (May 28, 1999) World Population Day (July 11, 1999) Breast Feeding week (Aug. 1-7, 1999) National Immunization Day (TBD by GOB) 		<ul style="list-style-type: none"> International/Special days was observed throughout the RSDP thanas on: <ul style="list-style-type: none"> World AIDS Day World Health Day 5th NID observed in all the RSDP thanas 	<ul style="list-style-type: none"> All the special days were observed and guideline for all has been given to all NGOs.
IR # 3: Quality of information, services and products improved, and customer satisfaction improved				
SR 3.1 Contraceptive method mix improved in targeted thanas to greater use of clinical methods (IUD, Injectables, NORPLANT and sterilization).				
1.	Contribute to the study on "Strategies for improving the quality and performance of clinical contraceptive services".	QIP, ORP	<ul style="list-style-type: none"> Questionnaire for the baseline study finalized 	<ul style="list-style-type: none"> Orientation package has been developed and after the orientation study will be started.

Sl. No.	Action Plan and tasks	Key collaborators	Progress upto March 1999	Progress upto September 1999
	<ul style="list-style-type: none"> Conduct COPE for each NGO 	QIP	<ul style="list-style-type: none"> 14 COPE exercise conducted in this period 	<ul style="list-style-type: none"> 54 COPE exercise conducted in this period
	<ul style="list-style-type: none"> Develop a quality monitoring and supervision system for NGO use 	QIP	<ul style="list-style-type: none"> In process. Will be one of the outcome of the workshops on Quality Management and Supervision 	<ul style="list-style-type: none"> Development in process
	<ul style="list-style-type: none"> Train NGO staff on quality monitoring and supervision system 	QIP	<ul style="list-style-type: none"> In process. Will be one of the outcome of the workshops on Quality Management and Supervision 	<ul style="list-style-type: none"> Development in process
12.	Training on infection prevention and basic counseling for Clinic Aides conducted			
	<ul style="list-style-type: none"> Develop training curriculum 	QIP	<ul style="list-style-type: none"> Not done 	<ul style="list-style-type: none"> Recently initiated by QIP
	<ul style="list-style-type: none"> Contribute to the development of pictorial flip book on IP 	QIP, BCCP		<ul style="list-style-type: none"> Yet to be initiated
	<ul style="list-style-type: none"> Contribute to the development of waste disposal video 	QIP, BCCP		<ul style="list-style-type: none"> Yet to be initiated
	<ul style="list-style-type: none"> Develop plan and conduct the training 	QIP		<ul style="list-style-type: none"> Yet to be initiated
13.	Collaborate in Quality Improvement activities in selected LIP thanas (only those with RSDP presence)	QIP	<ul style="list-style-type: none"> Following the meeting with LIP and QIP in August 98 understanding reached on the overlapping/duplication of LIP and RSDP thanas 	<ul style="list-style-type: none"> Yet to be initiated
SR 3.3 In targeted Thanas customer satisfaction with ESP services at RSDP-supported NGOs increased				
14.	Collaborate and contribute to the design for customer appraisal guidelines (for periodic and routine use)	QIP, ORP	<ul style="list-style-type: none"> Yet to be developed. The NGOs and TOs are still using the informal system of interviewing customers 	<ul style="list-style-type: none"> Yet to be start
15.	Conduct periodic customer appraisal in selected thanas with BRAC, NGOs and QIP	QIP		
16.	Provide orientation for staff in order to be able to ensure customer satisfaction	QIP		
17.	Periodically review findings of the appraisals for improvement in service delivery			
IR#4: Local service delivery organizations strengthened and support systems for high impact family health services improved				
SR 4.1 Program and organizational management capacity (of 20 NGOs) to design, implement, manage and evaluate high priority services of the ESP according to standards strengthened and improved				
1.	Review/approve NGO annual workplaces, targets and objectives		<ul style="list-style-type: none"> All the RSDP supported NGO annual workplace, goals and objectives reviewed and approved 	<ul style="list-style-type: none"> All the RSDP supported NGO annual workplace, goals and objectives reviewed and approved
2.	Review and revise all the guidelines and manuals developed for the RSDP NGOs		<ul style="list-style-type: none"> Review in process 	<ul style="list-style-type: none"> Review in process
3.	Develop job descriptions and personnel policies for NGOs		<ul style="list-style-type: none"> Job descriptions completed. Will be ready for dissemination in the next quarter. 	<ul style="list-style-type: none"> Distributed to NGOs

Sl. No.	Action Plan and tasks	Key collaborators	Progress upto March 1999	Progress upto September 1999
SR 4.2 Financial management capacity of 20 NGOs to implement, manage and sustain high priority services of the ESP according to standards strengthened and improved				
13.	Introduce management of clinic cost, including developing cost based plans <ul style="list-style-type: none"> Provide NGOs with a mechanism for analyzing cost per services 			<ul style="list-style-type: none"> Not in this reporting period
14.	Dissemination of the rapid presentation developed on Community Participation	RTI, NIPORT		<ul style="list-style-type: none"> This task being a LP was not referred to in this period
15.	Develop referral linkages and confirmations <ul style="list-style-type: none"> Replicate and expand referral linkages with the private sector by the NGOs 	QIP, ORP	<ul style="list-style-type: none"> The reference to referral linkages is being made in different activities with QIP and ORP but not as yet in a formal study or assessment. 	<ul style="list-style-type: none"> Completed
16.	Orient Community Mobilizers on SMC products	SMC	<ul style="list-style-type: none"> 481 CMs oriented on SMC 	<ul style="list-style-type: none"> All CMs received orientation from SMC
17.	Establish a system for procurement / distribution of SMC products between NGOs and SMC	SMC	<ul style="list-style-type: none"> 147 thanas distributing SMC product 	<ul style="list-style-type: none"> 171 thanas distributing SMC product
18.	Assessment of FWC and satellite clinics service provision and capability in selected IMP thana		<ul style="list-style-type: none"> Task will be considered after the study of the IMP thanas are completed 	<ul style="list-style-type: none"> Yet to be initiated
19.	Provide manuals and limited supplies and commodities to selected FWCs and satellite clinic for upgrading in selected IMP thanas		<ul style="list-style-type: none"> Task will be considered after the study of the IMP thanas are completed 	<ul style="list-style-type: none"> Yet to be initiated
IR4.5: In targeted thanas, GOB, NGO, and private sector coordination of ESP and supporting systems (including referral system instituted)				
20.	Review the status of existing joint planning activities <ul style="list-style-type: none"> Document and analyze Thana Action Plan Implementation Process in selected RSDP thana with Thana Team training on IMP 	ORP	<ul style="list-style-type: none"> RSDP collaborating with ORP in the documentation of action plan implementation process. ORP already visited five thanas and about to disseminate preliminary findings. 	<ul style="list-style-type: none"> ORP already disseminated preliminary findings.
	<ul style="list-style-type: none"> Develop guideline for development of thana level joint action plan and how to effectively implement it 		<ul style="list-style-type: none"> Yet to be initiated 	<ul style="list-style-type: none"> In process
	<ul style="list-style-type: none"> Assess impact of Thana Team Training program 		<ul style="list-style-type: none"> RSDP subcontracted to READ to conduct the study. Data collection would begin in second week of May 1999. Results would be available by June 15, 1999. 	<ul style="list-style-type: none"> Completed
21.	Modify and adapt joint planning and implementation models <ul style="list-style-type: none"> Document the GO-NGO collaboration case study on Nasimagar Thana 		<ul style="list-style-type: none"> Documentation would be finalized based on the baseline survey findings. 	<ul style="list-style-type: none"> Yet to be initiated
IR: 5 Sustainability of Family Health Services and Support System Improved				
SR 5.1 Utilization of products/plies increased				
1.	Depotholders activities made fully functional in all RSDP NGOs			
	<ul style="list-style-type: none"> Conduct and complete Basic Training of DHs 		<ul style="list-style-type: none"> Almost 87% of the DHs already trained 	<ul style="list-style-type: none"> All DH received training
	<ul style="list-style-type: none"> Conduct Family registration by the DHs 			<ul style="list-style-type: none"> Not in this reporting period

Sl. No.	Action Plan	Key collaborators	Progress upto March 1999	Progress upto September 1999
SR 5.8 Policy, advocacy, program development and management capability for family health services at national and thana level strengthened				
13.	Contribute to and collaborate in the launching of NIPHP /RSDP at the national and below levels <ul style="list-style-type: none"> ▪ Develop and operationise plans for ESP and RSDP promotion among the district and thana level GOB officials in administration, health and FP ▪ Support international training /study tours of selected GOB officials 	GOB	• In process	• Completed
14.	Contribute to the national steering committee and its working groups	GOB	• In process	• Completed

72