

**Urban Family  
Health Partnership -  
Annual Report  
2000/2001**

**Annual Report for October 2000 to  
September 2001**

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## **A. Summary of Main Activities in 2000/2001**

### **1. Outcome of Action Plans**

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

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

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

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

- ◆ The UFHP LTFP strategy was updated. Joint UFHP/ GOB/QIP meetings were held on a regular basis to foster collaboration and to discuss policy changes such as ending the GOB policy of making compensation payment LTFP customers.
- ◆ A strategy plan was developed and implemented to ensure the availability of LTFP in all FPAB clinics. All FPAB clinic doctors were certified in tubectomy and non-scalpel vasectomy (NSV) services provision by the Directorate of Family Planning Clinical Services through condensed clinical courses.
- ◆ In order to reduce LTFP missed opportunities, UFHP developed a checklist. In addition, UFHP added cues to its ESP card to assist practitioners in reducing missed opportunities. UFHP developed guidelines for reducing FP discontinuation, and improving side effects management.
- ◆ UFHP drafted guidelines for the establishment of Comprehensive Family Planning clinics. These guidelines served as eligibility criteria for NGOs selecting clinics to be upgraded for all long term family planning services.
- ◆ UFHP developed sessions on Informed Choice and the Tiaht Amendment, which were incorporated into the Interpersonal Communication/Counselling (IPC/C) and Clinic Management Courses (CMC) for Counsellors and Clinic Managers.
- ◆ UFHP developed a LTFP Behaviour Change Communication/Marketing (BCC/M) strategy linked with the NIPHP BCC Strategy activities related to LTFP.
- ◆ Since January 2001 a new roving facilitator begun providing on site on-the-job training (OJT) and follow up for UFHP teams providing LTFP services. They provided OJT and

follow up to doctors and paramedics in 18 priority clinics; a total of 20 tubectomies, 35 NSV procedures and 59 Norplant insertions were completed during the OJT sessions. As a result of this follow up, the clinicians in these sites have now gained confidence and performance has improved dramatically: When contact data from September 2001 are compared to November 2000 data, the total number of non-IUD LTFP procedures performed in these clinics increased almost 585% (non IUD LTFP performance of these 18 clinics in November 2000 was 130 and in September 2001 is 890). This compares with a 301% increase (again comparing November 2000 to September 2001 data) in non-IUD contacts across all UFHP clinics providing Norplant, NSV and tubectomy services.

- ◆ UFHP organized 4 joint GOB-UFHP Divisional workshops on LTFP. These workshop focused on the importance of LTFP in the UFHP program and on improving coordination between UFHP clinics and local government officials. The workshops were attended by UFHP clinic staff, Civil Surgeons, Deputy Directors of Family Planning (DDFPs), and Assistant Directors of Clinical Contraception (ADCCs) and Upazila Health and Family Planning Officers. UFHP clinics were encouraged to establish links with their respective Civil Surgeons and district-level Deputy Directors of Family Planning (DDFP) to ensure timely receipt of both District Technical Committee (DTC) approval for their LTFP activities and of Medical Surgical Requisite (MSR) supplies and certain necessary drugs attainable only through the Government. UFHP clinics were also urged to link with their respective Assistant Directors of Clinic Contraception (ADCC) for technical support in the provision of LTFP services.
- ◆ At UFHP's request, the ESP Line Director now automatically issues letters to the DDFPs on receipt of verification from AITAM that UFHP doctors have successfully completed training in LTFP service provision. These letters help to speed the DTC approval process and also request DDFP to make the ADCCs available for technical support of the newly trained UFHP staff.
- ◆ UFHP recently reached an agreement on the procurement of Norplant implants with the Directorate of Family Planning. From April 30<sup>th</sup>, 2001 Norplant implants are procured by UFHP centrally and distributed to all UFHP sites provided Norplant services.
- ◆ UFHP and DELIVER communicated regularly regarding stock levels of injectables and other contraceptives both in UFHP clinics and in the pipeline. UFHP notifies its clinics of any potential shortages.
- ◆ RDU implementation was followed up and supported through regular TSC visits and QA visits to UFHP clinics. Essential drugs are available in all clinics in the UFHP network.
- ◆ SMC products were available throughout the UFHP network in all static, upgraded satellite and satellite clinics.
- ◆ FPAB, with USAID concurrence, was awarded a subgrant up to 30 June 2002. Due to confusion regarding FPAB's compliance with the Mexico City Policy (MCP), there had been concern that UFHP would have to discontinue contracting with FPAB clinics. UFHP worked closely with FPAB leadership to resolve concerns and to confirm FPAB's adherence to MCP.

Accordingly, FPAB (cluster 17 and 30) will continue their program with UFHP up to June 2002. FPAB contributed 18% of total LTFP performance of UFHP in September 2001. LTFP performance of FPAB clinics has increased up to 37% from November 2000 to September 2001.

- ◆ All 41 Comprehensive clinics will perform Norplant, NSV and tubectomy; at present 24 clinics perform all four long-term family planning methods. An additional 56 UFHP clinics perform Norplant, 17 UFHP clinics perform NSV, and 5 UFHP clinics perform Tubectomy with trained staff and the help of local GOB resources.

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

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

- ◆ The training on management of severe malnutrition according to ICDDR, B guidelines for the service providers was completed as scheduled.
- ◆ 314 service providers/counselors from all 16 UFHP NGOs located in 3 cities (as planned) received on-the-job nutrition training during the reporting period.
- ◆ UFHP, HKI and IOCH through the NIPHP Nutrition Working Group prepared and presented a brief on Vitamin A advocacy for postpartum women to GOB.
- ◆ The lessons learned from ICDDR, B/UFHP/PSKP collaboration in 3 sites in the management of severe malnutrition were disseminated to USAID in the presence of all partner organizations.
- ◆ UFHP jointly with BCCP finalized the guidelines and materials for nutrition community group meetings which are awaiting printing and dissemination.
- ◆ UFHP continued its collaboration with ICDDR, B for malnourished children. During the reporting period, a total of 157 malnourished children (from three static clinics' catchment areas in Dhaka city) were identified for management using ICDDR, B's Protocolized Management of Malnourished Children at Community Level Guideline.
- ◆ UFHP is integrating its nutrition training program into the counseling training program to reduce the training burden on UFHP clinics. As of September 2001, no separate nutrition training program will be offered. The joint counseling/nutrition training will be held at the local level.
- ◆ A summary of ICDDR,B performance is included in Attachment F. ICDDR,B is unable to segregate UFHP performance from performance funded by other donors. This activity is not included with UFHP's monthly performance statistics.

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

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

- ◆ UFHP participated in both rounds of the 8th NID held in November and December 2000 and the 9<sup>th</sup> NID held in April and May 2001. UFHP participated in the GOB-organized central level advocacy and review meetings on the NIDs and UFHP staff members acted as independent observers during the NIDs at the request of both IOCH and GOB.
- ◆ UFHP held regular meetings with IOCH and the GOB to coordinate efforts, share common concerns on the EPI program, and discuss UFHP's EPI-related activities including its participation in the NIDs.
- ◆ UFHP conducted a survey of all UFHP clinic and satellite locations to assess the availability of EPI services at the local level. A summary report was prepared with this information and shared with IOCH. Findings of the survey were used to develop strategies for improving access to EPI services in selected municipalities and to foster better collaboration with IOCH. UFHP sent a letter to all clinics summarizing the strategies developed with IOCH, promoting IOCH as a resource for addressing local barriers, and encouraging stronger working relations at the local level.
- ◆ UFHP actively participated in the week-long MNT campaign 2001 in the slums of 4 city corporations and 28 municipalities of Bangladesh (from Aug. 26-Sept.4). UFHP attended and participated in the GOB organized orientation and planning meetings and provided all support at the local level in implementing the MNT campaign (Measles, TT and OPV) in the slums of urban areas.
- ◆ UFHP participated in the review of Acute Flaccid Paralysis (AFP) surveillance in Bangladesh, which was held in Dhaka from 22<sup>nd</sup> July to 2<sup>nd</sup> August 2001.
- ◆ UFHP has planned a nationwide BCC initiative to promote 100% EPI coverage in all its UFHP clinic service areas. The program will be conducted from October 15 to December 31, 2001 as a part of the Big Push initiative. A main goal of the initiative is to increase the customer flow for EPI (using the CPC databook) through a well-planned raffle draw.

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

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. The Safe Delivery Program was officially launched on March 1, 2001. Specific activities undertaken during the past year include:

- ◆ UFHP established six Safe Delivery Program clinics during the past year. For the period March 2001 to September 2001, UFHP SDP clinics conducted 274 deliveries and referred 122 cases.

- ◆ In support of the launching of the SDP program, all necessary equipment was procured and staff hired for program implementation in 6 sites on schedule.
- ◆ BCC/M materials including an ANC brochure, a PNC brochure, a birth planning card, and a PNC flipchart for counselors, paramedics and doctors were developed.
- ◆ UFHP conducted Safe Delivery Program marketing activities in conjunction with Safe Motherhood Day on May 28<sup>th</sup>. Two of the UFHP SDPs were initiated on Safe Motherhood Day including SPADES/Dhaka and Tilottama/ Rajshahi.
- ◆ The training for Safe Delivery Program providers, designed and implemented in collaboration with PRIME, started in January 2001. The first batch of training for service providers from Banophul/Khulna and FPAB/Dhaka was completed in February 2001. The second batch of training for service providers from Mamata/Chittagong and Kanchan/Dinajpur was completed in early April. The third batch of training for service providers from SPADES/Dhaka and Tilottama/ Rajshahi was completed in May.
- ◆ Of the original six sites selected for SDP, two sites have been reassigned due to difficulties maintaining highly trained staff. Replacement sites met the selection criteria. SDP was withdrawn from FPAB/Dhaka and reassigned to PSTC Rampura. Staff has been recruited and two doctors have received training. The SPADES program was reassigned to CWFD Gandaria. Nurses from SPADES joined CWFD Gandaria. CWFD plans to recruit a doctor and equip the clinic by 30<sup>th</sup> September for a projected start date of 1<sup>st</sup> October, 2001.
- ◆ A 3-day orientation workshop will be conducted to train newly recruited doctors (2) and nurses (4). UFHP will not conduct a full training program for new staff due to limited funds during the coming year.
- ◆ The Safe Delivery Program was featured in the first issue of the UFHP project profile, *Urban Star*.
- ◆ The new NGO Performance Analysis Report incorporates key indicators for monitoring the effectiveness of maternal health services at all UFHP clinics. Indicators include ANC market share and ANC drop out rates. Interestingly, some of UFHP's lowest ANC drop out rates are reported by its SDP sites.

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

Specific activities undertaken during the past year include:

- ◆ UFHP contracted with an external consultant – Dr. Rene Salgado – to conduct a comprehensive review of UFHP's child health program and to propose recommendations for strengthening child health services. In addition, Dr. Salgado assessed the feasibility of initiating IMCI as part of UFHP's child health program. The findings and recommendations of Dr. Salgado's assessment were presented to USAID and summarized in a report. In summary, Dr. Salgado determined that the UFHP child health program was very

comprehensive and already incorporated many aspects of the IMCI. The UFHP ESP card incorporates the Sick Child assessment flowchart. This tool is a key component of the IMCI. The primary weakness identified in the UFHP child health program was the relative lack of emphasis on nutrition which is a key component of IMCI. The UFHP nutrition training program addresses this shortcoming of the program, however it has not been implemented in all service delivery sites. According to Dr. Salgado, priority should be given to incorporating nutrition information as part of the child health component of the provider training program.

- ◆ UFHP negotiated with the GOB to arrange a special IMCI training course for UFHP staff. 2 UFHP staff (Technical Support Coordinators) received the 11-day IMCI training, organized by GOB/WHO in August. UFHP is the first service delivery NGO to receive this training from the GOB.
- ◆ UFHP is coordinating with the GOB to organize training for the UFHP service providers (Doctors and Paramedics) of the selected clinics where IMCI will be implemented. This training will begin in November 2001. Implementation of IMCI program will be started by December 2001 in selected UFHP sites.

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

All significant milestones from the 2000/2001 Work plan scheduled for the year, as well as additional actions, were completed. Specific activities undertaken include:

- ◆ Training of UFHP staff in Khulna City Corporation clinics was completed, and UFHP's Khulna clinics began providing services in January 2001.
- ◆ All preparatory activities to implement the TB program in Rajshahi are complete. Services will be initiated from January 2002. A dissemination seminar on lessons learned in the implementation of the Urban TB program was held in Chittagong in November 2000. A main finding from that meeting is that close collaboration between the GOB and NGOs is necessary to ensure program success. NGOs rely on the Civil Surgeon for TB drugs, to assist with start up and monitoring of the program, and to coordinate overall activities to avoid duplication. Monthly NGO-GOB coordination meetings have been instrumental in building the effectiveness of Chittagong's National Tuberculosis Control Program (NTP) program. Another important finding was that the NTP program is in need of BCC support in order to reach people in need of treatment and ensure that they complete their treatment regimens. UFHP is working to develop a BCC campaign aimed at increasing program effectiveness in identifying and treating TB patients. The third key finding was that private practitioners can play a role in identifying TB patients. The Chittagong Civil Surgeon's office arranged a meeting for private practitioners and NTP participants to orient them on the NTP and set up referral mechanisms for TB positive cases to NTP treatment centers.
- ◆ TB Initiative clinics in both Chittagong and Khulna observed World TB Day in collaboration with the GOB to build awareness about TB and the need for treatment.

- ◆ WHO and the Bangladesh Government evaluated the National Tuberculosis Program including NGO involvement in the NTP last July 2001. The preliminary report acknowledges NGO contributions (especially UFHP) to controlling tuberculosis in urban areas. The report recommended expansion of the TB program to uncovered urban areas with the goal of increasing the TB case detection rate to 70% and the TB cure rate to 85%.

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

Specific activities undertaken during the past year include:

- ◆ Due to the availability of trained staff and equipment, UFHP began implementation of the Post Abortion Care program in the Safe Delivery sites.
- ◆ Post-abortion care (PAC) equipment and an estimated one-year's-worth of supplies will be provided by Engender Health to these sites.
- ◆ Training materials were drafted and the training centers were identified. The training of trainers took place in March 2001.
- ◆ Staff were hired and the first round of training was conducted with two of the participating clinics for Banophul and SPADES in June, 2001.
- ◆ The Post Abortion Care (PAC) program was started in July, 2001 at the first two sites. For the period July-September, 2001 Banophul performed 7 PAC cases and referred 1 case and SPADES performed 6 PAC cases.
- ◆ The recent resignation of the SPADES doctor has required the SDP and PAC programs to be discontinued at this site.
- ◆ UFHP will begin training for PAC with the four remaining SDP clinics in collaboration with Engender Health.

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

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

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

- ◆ UFHP identified 5 organizations for possible collaboration in expanding our ESP service delivery network to the Chittagong Hill Tracts. UFHP has held preliminary meetings with organizations such as Concern Universal and Integrated Social Development Effort project to assess their interest in and ability to set up and manage high quality ESP service delivery

programs in the Hill Tract Municipalities. Due to funding constraints, UFHP was forced to abandon work under this action program.

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

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

- ◆ Based on the results of the franchising feasibility study, UFHP developed a private sector collaboration concept note identifying key strategies and proposing best private sector partners for collaboration in ESP service provision. The concept note concludes that UFHP's private sector collaborators must share UFHP's mandate to serve underserved urban Bangladeshis with high impact health services, rather than be motivated by prospects for financial gain alone. The concept note also stresses the need for UFHP to be selective in developing private sector initiatives in order to ensure that the gain in terms of increased contacts is worth the inputs provided. The concept note, "Private Sector Linkages for ESP Services Delivery," was included in the Attachments to the UFHP 2000-2001 Semi-annual report.
- ◆ UFHP is currently exploring opportunities to expand its collaboration with ICDDR, B hospital to another UFHP site outside the ICDDR, B campus, subject to the availability of funds. In addition, UFHP held initial talks on collaboration with the Dhaka-based National Diagnostic Network and Radda MCH-FP Centre, and had planned to explore opportunities for collaboration with private medical college hospitals. Due to funding constraints, UFHP was forced to abandon this work.
- ◆ UFHP has continued its efforts to collaborate with ICDDR,B in spite of funding cuts. Over the past 4 months, UFHP has met with ICDDR,B to discuss the possibility of collaborating in provision of services in Dhaka's Kamalapur slum. The ICDDR,B study site is interested in referring non-study related patients with ESP-related needs to UFHP. To make this happen, UFHP is facilitating discussions between the ADB-funded Urban Primary Health Care Project and ICDDR,B with the goal of securing space for the ICDDR,B program in a nearby ADB-funded building slated to house a UFHP clinic.

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

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

The Adolescent Reproductive Health Project is designed to improve the reproductive health status of adolescents and raise their awareness regarding reproductive health issues. The UFHP ARH program comprises a holistic, three-pronged strategy designed to address the needs of adolescents both in and out of school as well as those coming to the clinic for service and information. The ARH program is implementing special, adolescent-focused activities in 15 locations and is working through the overall UFHP network to ensure that UFHP activities reach adolescent populations. Specific activities undertaken during the past year include:

- ◆ UFHP held a day-long dissemination session to disseminate lessons learned to date and introduce new program priorities.
- ◆ *Alor Pathey Amra*, the curriculum for teachers/peer educators developed jointly by UFHP and the Population Council (PC) under the Global OR project, is being implemented in the selected intervention sites. The Training of Trainers (TOT) for ARH Peer Educator training for UFHP Adolescent Health Educators (AHE) is scheduled to be conducted later this year. UFHP will expand our collaboration with PC based on these experiences.
- ◆ An appropriate date is yet to be set for the dissemination of the Adolescent Reproductive Health research findings, scheduled to be organized jointly by UFHP/ICDDR,B/PC. The previous scheduled date was postponed at the Government's request.
- ◆ The UFHP/CWFD/ICDDR,B collaborative effort to test alternative ARH program models has begun in five CWFD/Dhaka locations, three of which are UFHP sites. Relevant preparations (i.e. staff training and facility preparation) are complete and the interventions are well underway.
- ◆ The first of the series of 4 booklets on ARH Frequently Asked Questions (FAQs), developed jointly by UFHP, FOCUS, RSDP, BCCP and USAID has been sent for printing. UFHP will distribute the booklets to its ARH-friendly service delivery sites and participate actively in the formal launch of the booklet in collaboration with BCCP later this year (October 2001).
- ◆ A number of other BCC/Marketing materials were developed and produced including a special leaflet for the adolescents, a brochure on ARH issues, a program poster, and a prototype banner.
- ◆ A video addressing ARH issues is being developed by BCCP in collaboration with UFHP, ICDDR,B and the JHU-CCP. The initial design is complete. The video is expected to be launched early in 2002.
- ◆ The UFHP ARH Program Coordinator was invited by Shanghai Institute of Planned Parenthood Research to attend a symposium on adolescent issues and to make a presentation on the UFHP ARH program in October 2000. His travel was funded by the WHO.
- ◆ One of the UFHP sub-grantee NGOs, BANOPHUL, Khulna signed an agreement with Save the Children Fund – UK. The purpose of the agreement is to implement an ARH program in Khulna City Corporation (KCC). Since BANOPHUL already provides ARH services at one of its three clinics in KCC, this new venture will maximize the coverage of adolescent populations in the area and add to the reach of UFHP's existing program. The agreement was signed in June 2001.
- ◆ Funding constraints and subsequent budget revisions led to a delay in the launch of the 'delayed marriage' and 'delayed pregnancy' campaigns. However, the design and

development of the campaign is well underway and is scheduled for launch sometime in December 2001.

- ◆ UFHP met with its partners RSDP and SMC regarding the 'RH gift pack for newly weds'. The contents of the gift pack have been decided upon but the methodology of identifying and delivering this to the target population is yet to be decided with the respective partners due to funds constraints at this time.
- ◆ The UFHP ARH Program Coordinator has been invited by the Population Council to participate in the workshop of the Global OR project. The workshop will review progress to date and discuss future directions. The UFHP ARH Program Coordinator will make a presentation to share lessons learned during implementation of the intervention and present the existing UFHP program to this forum. The Population Council will fund travel costs for the workshop, which is tentatively scheduled for mid-November 2001.

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

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

- ◆ The UFHP HIV/AIDS Program Review conducted in August 2000 identified 2 main areas for improvement to increase program impact: HIV/AIDS prevention BCC and STI and syphilis test service utilization. In response to these findings, UFHP followed 2 main strategies:
  - ◆ In order to strengthen BCC for core at-risk groups, UFHP concentrated its efforts on working to strengthen the IPC/Counseling skills of its HIV/AIDS Counselors (HACs), the main channel for relaying HIV/AIDS prevention messages and strategies to high-risk populations. UFHP worked during the October 2000- March 2001 period to strengthen their skills through developing an HIV/AIDS Communication and Counseling refresher curriculum. UFHP conducted a TOT for the HIV/AIDS training partner, and monitored training implementation. By the end of April 2001, 19 CM, 3 MOs, 23 HACs, 18 SSPs, 42 SPs and 16 Counselors had received refresher training on counseling high risk populations on HIV/AIDS prevention. In addition, UFHP developed an orientation curriculum on HIV/AIDS communication and counseling for newly recruited CMs, MOs, SSPs, SPs and Counselors from the 26 HIV/AIDS program sites. During the period from October 2000- April 2001, 2 CMs, 1 MO, 5 SSPs, 48 SPs and 12 Counselors had received this training.
  - ◆ In order to increase STI and syphilis test service utilization, four (4) actions have been taken.
    1. A detailed module on STI was incorporated into above-mentioned training curricula.

2. UFHP established 55 clinics focused on STI services delivery for at-risk populations among them and are in collaboration with SMC, CARE and HASAB. (A list is included in Attachment G). These clinics provide at-risk groups with an environment in which they can feel comfortable seeking services, from providers who are attuned to and comfortable discussing their special needs.
  3. In order to bring customers into these sites, UFHP introduced an inbound referral slip for distribution by HIV/AIDS outreach workers (UFHP and non-UFHP) working with at-risk groups. The referral slip provides information about the location of UFHP clinics, the services provided there, and entitles the bearer of the slip to a discount for services. UFHP is also working closely with BCCP to develop a brochure on syphilis testing and a poster on RTI/STI treatment in support of this effort.
  4. UFHP collaborates with Family Health International (FHI), HASAB, CARE, and SMC to develop effective responses to the threat of HIV/AIDS. Throughout Bangladesh, there are many HIV/AIDS prevention and control projects that provide basic information to at-risk populations; however, STI treatment facilities are often lacking. UFHP is working to fill the STI treatment gap through its partner NGOs by linking with CARE, HASAB-funded local NGOs, and SMC where they work in HIV/AIDS prevention but do not provide clinical services. Under this model, UFHP will take the responsibility to ensure technical quality of services provided on STI through staff training and regular supervisory and monitoring visits of the program. FHI will provide the technical support necessary for this collaboration. Three collaborating partners proposed support for 23 locations; to date, activities have started in 8 locations and others are in progress.
- ◆ UFHP finalized an agreement with FemCom to partially fund a feature film on HIV/AIDS. The film will be released in December 2001, and VHS copies will be sent to all NGOs for use in HIV/AIDS BCC activities.
  - ◆ UFHP and FHI jointly identified 2 main areas in which FHI could provide technical support.
  - ◆ FHI is currently providing technical assistance to UFHP improving UFHP service providers' skills on STI management for at-risk populations. Dr Graham Neilsen, Senior Technical Officer, FHI Asia Regional Office visited Bangladesh during July 2001. After visiting UFHP sites, Dr Graham presented draft visit findings and recommendations. On the basis of Dr Graham's recommendations, an action plan has been prepared and is being implemented to strengthen quality STI services for at-risk populations.
  - ◆ UFHP, as a member of the AIDS Task Force, is also receiving TA from FHI on designing its peer education program. Guidelines for implementation of a peer education program are currently being developed. It is expected that a peer educator training and job aids needs assessment will be conducted once the guidelines are completed.
  - ◆ In observance of World AIDS Day 2000, UFHP developed guidelines and a leaflet for use by its NGOs in organizing local events, and provided T-shirts to the GOB and Dhaka-based UFHP NGOs for use at the national rally. UFHP's Dhaka-based NGOs organized a stall to display and distribute BCC materials in the Engineers Institute Auditorium where the World AIDS Day inaugural session was held. UFHP organized street dramas for men-who-have-

sex-with-men (MSM) in three locations in collaboration with a Dhaka-based drama organization. At the local level, UFHP clinics organized folk events, decorated road islands, held rallies, organized advocacy meetings with formal and informal leaders, and gave special discounts on syphilis screening, RTI/STI services and condoms.

- ◆ UFHP is currently developing guidelines and scripts on HIV/AIDS prevention for NGO use.
- ◆ UFHP has developed and distributed BCC Materials including 700 group meeting flip charts, 100,000 leaflets and 3000 T-shirts on the eve of World AIDS Day; 72,000 brochures on RTI/STI prevention and treatment; and 76,000 brochures on HIV/AIDS.
- ◆ UFHP was delayed in implementing its Rapid Syphilis Testing (RST) program due to the non-availability of the test kits from a US supplier. To avoid further delays in the

implementation of this activity, UFHP has decided to use RDF funds in procuring test kits locally. UFHP initiated RST services from its seven (7) clinics from September 2001. The program will be expanded in a phased manner on the experiences of these 7 clinics during 5<sup>th</sup> year project period. Due to the delays in beginning the RST program, the review of this program's performance will be rescheduled.

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

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

- ◆ Based on the results of the review of UFHP's current activities in garment industries, UFHP developed a concept note detailing best practices in UFHP NGO collaboration with the garment industry in ESP service provision. The concept note lays out the most promising models for collaboration in terms of program and NGO financial sustainability. A copy of the concept note, "Expanding Access to ESP Services through Collaboration with Garment Factories," was included in the Attachments to the UFHP 2000-2001 Semi-annual report.
- ◆ UFHP NGOs currently provide practitioners and/or other inputs to clinics in more than 70 factories as a part of their service delivery activities. The most common service delivery model is a regularly held satellite clinic, often staffed with a physician, coupled with health education group meetings and counseling.
- ◆ UFHP representatives met with the Bangladesh Garment Manufacturer Exporters Association (BGMEA) to introduce the UFHP service delivery network and to discuss opportunities for collaborating to provide health services to garment workers. The BGMEA agreed in principle to signing a Memorandum of Understanding developed by UFHP. UFHP NGOs continue to establish new working relationships with garment factories, rickshaw puller unions, and brothels as a part of their local level programs.

- ◆ In order to document work under the garment sector initiative, UFHP is currently conducting a formal inventory of UFHP clinic collaboration with the garment industry. The inventory will include information on the types of services provided, the average number of services provided, the mechanism of collaboration, and average costs and revenues for each collaborative relationship.
- ◆ In March 2000, UFHP folded the slum program into its regular service delivery program due to the GOB's informal policy of discouraging programs which could be seen as encouraging the existence of slums. In September 2000, the GOB did not nominate replacements for the FWVs seconded to UFHP who had completed their one-year term. However, UFHP has continued to carry on work in all existing slum spots using its own manpower. UFHP now holds 128 satellite sessions per month in Dhaka city slums.

#### **4. BCC/Marketing**

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

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

- ◆ UFHP has revised its project-specific BCC/M strategy in the light of the introduction of the NIPHP BCC strategy. As a result, UFHP is more strongly focusing its attention on the local level, developing local level capacity to develop, implement and monitor data-based BCC/M plans. UFHP is continuously working to ensure that local level activities build on the key messages from the NIPHP BCC strategy branding and category campaigns. UFHP ensures that all NGOs receive information regarding key category campaign messages and the airing of new campaigns.
- ◆ In this reporting period, the UFHP BCC/M Team provided technical inputs into the development of the Child Health, Maternal Health, and Family Planning category campaigns, the branding campaign, and the drama serial.
- ◆ The UFHP BCC/M Team works continuously within UFHP and with BCCP to develop and revise UFHP-specific BCC/M materials per the BCCP work plan. The UFHP BCC/M Team is currently coordinating development of numerous materials including booklets on frequently asked questions for the adolescent reproductive health program, an ANC and PNC brochure, an STI/RTI poster, a brochure on long term family planning and a comprehensive child health brochure. The UFHP BCC/M Team recently made extensive revisions to UFHP's counselor flipchart, ensuring consistency with the technical standards and category

campaigns, and adding provider cues to reduce missed opportunities and improve counseling quality. Additional UFHP-specific BCC/M materials completed in this reporting period were a leaflet on the prevention of flood-related illnesses, an HIV/AIDS leaflet for World AIDS Day, 2 National Immunization Day reminder cards. In addition, a strategy was completed and a leaflet drafted for the upcoming “Big Push” campaign.

- ◆ The UFHP BCC/M Team updates UFHP staff regularly on the implementation status of the NIPHP BCC Strategy. UFHP staff were updated during a two week long in-service training for all technical staff in December, and were again briefed during the UFHP annual HQ retreat in February 2001. UFHP’s new integrated NGO support approach, which uses interdisciplinary Field Operations Teams, allows for constant flow of information between UFHP’s BCC/M and other staff.

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

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

- ◆ Staffed each NGO with a management team including an administrative manager with responsibility for BCC and program planning.
- ◆ Delegated responsibility to the BCC/M management team for local level BCC/M planning and follow up.
- ◆ During the reporting period, UFHP’s BCC/M Team visited all of UFHP’s NGOs in order to facilitate the development of BCC/M plans using IS and catchment area data and the NGO Performance Analysis Report. This facilitation process asks the participants (typically all of the cluster’s SSPs and the NGO senior manager responsible for BCC/M) to analyze their CPC, IS data and the NGO performance analysis report and to decide on two to three BCC/M priorities based on the result. The process then moves to developing an effective BCC/M plan to meet agreed upon goals. All visits by UFHP’s BCC/M staff included monitoring and support of local level BCC/M activities such as group meeting facilitation, events planning, networking, customer follow up, customer satisfaction monitoring, and counseling.
- ◆ UFHP devised a more integrated approach to NGO support which utilizes Field Operations Teams. Under this approach, the first annual technical assistance visit is made by two UFHP staff with differing technical skills according to the NGO needs and the NGO Management Team (PD, PM and FAM). As a result, NGO BCC/M activity planning and implementation will continue to be monitored by these interdisciplinary teams. These Teams will help the NGOs to assess the impact of past BCC/M initiatives, and to plan for new initiatives using data from the NGO Performance Analysis Report as well as catchment area and IS data.
- ◆ Provided training in BCC/M to the NGO Management Team and Clinic Managers (as a part of the Clinic Management Course). Through the Institutional Development workshop series detailed in Action Plan 6, the NGO Management Team has been oriented on BCC/M

strategies to help build demand for ESP services at the local level. Clinic Managers received orientation on BCC/M success strategies and the NIPHP BCC campaign as a part of both the revised Clinic Management Course and the Clinic Manager orientation sessions in April. (See Action Plan 6a).

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

## **5. Quality Improvement**

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

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

- ◆ The team of Technical Support Coordinators (TSCs) developed by UFHP to strengthen its on-site NGO monitoring and support functions has successfully completed one year of work. The TSCs conducted an initial assessment visit at the beginning of the year, followed by a quality assurance visit later. All TSCs were trained in both functions to foster effective monitoring and support. This approach optimizes the use of UFHP HQ staff.
- ◆ UFHP was part of a working group convened by QIP to revise the QA checklist and on-site protocol for conducting a comprehensive QA site visit. UFHP was very active in revising all tools and the methods.
- ◆ Due to the large number of UFHP clinic sites, QIP is unable to visit all UFHP clinics to conduct comprehensive quality assessment visits. UFHP and QIP agreed on a sampling methodology. Since UFHP wanted all clinics to receive a QA assessment visit, it proposed to conduct site visits to the remaining clinics. QIP selected a list of 80 UFHP clinics where the Round 4 Quality Assurance (QA) visits will be conducted jointly by professionals from the two partnerships. These clinics were selected randomly to ensure that 50% of each clinic types were included in the samples. The site visits conducted by UFHP will involve a UFHP TSC and the clinician manager from the NGO Management Team. This approach builds capacity among our partner NGOs for on-site QA monitoring. A tentative site visit plan has

been developed in this regard for both the joint visits with QIP and those with the NGO managers. The Round 4 QA visits started in April 2001.

- ◆ A missed opportunities checklist was developed and distributed to all NGOs and clinics. The checklist serves as a tool to remind clinic staff to evaluate additional health services, particularly preventive services, which may be appropriate for the customer.
- ◆ NGOs have received guidance about seeking local technical experts to provide OJT training to new clinical staff to orient staff until they can be trained. All NGOs are now staffed with a clinician as a member of the Management Team. This individual is responsible for providing initial orientation to ensure quality.
- ◆ UFHP is collaborating with PRIME to introduce distance-based learning strategies for technical skills reviews using *Projanmo* as the medium. Distance-based learning inserts have been developed to accompany 6 issues of the magazine. These inserts address six topics which have been identified as topics needing follow up. The inserts are designed to be used by clinic staff as part of a regular QA function and include questionnaires, Q and A, and review readings.
- ◆ UFHP conducted a two-week-long in-service training for all technical staff in December. To ensure that on-site TA is consistent with UFHP training, staff attended review sessions for all core UFHP training courses.
- ◆ UFHP conducted regional trainings for all Clinic Managers to update them on program priorities and changes. The two-day training was conducted in April.
- ◆ UFHP has promoted the use of the COPE exercise for local level problem solving and this has been established successfully throughout the network of clinics. The COPE exercise has been initiated at all new static and upgraded satellite sites with QIP as per plan and this will remain an on-going process. This process was completed in July 2001. The clinician PD/PMs and Clinic Managers (CM) throughout the network are taking up the responsibility of facilitating the future COPE follow up exercises.
- ◆ An orientation on Infection Prevention Practices (IPP) was developed jointly by UFHP and QIP to be conducted regionally for all UFHP clinics. The orientation was targeted to *Ayas* specifically. The series of orientations were completed in September 2001.
- ◆ The results of the Round 3 QA visits with all NGOs and clinics have been analyzed in collaboration with QIP and compared with those of previous rounds. The findings have been shared with USAID and also with the NGO Managers during the 3<sup>rd</sup> Institutional Development workshop held during August 2001.
- ◆ All technical standards for the NIPHP program have been developed and disseminated, with the exception of the Safe Delivery Service Protocol. This is ready for print and awaiting formal launch in collaboration with QIP.

- ◆ UFHP has conducted four regional technical skills updates, including LTFP, for NGO leaders and managers as well as doctors to update them on program priorities and changes, and for fostering GOB-UFHP NGO coordination and collaboration in this regard.

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

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP has initiated the process of building capacity for local level quality improvement. Highlights include the following.

- ◆ All NGOs were staffed with a clinician technical resource as part of a three-member Management Team at the NGO level. This clinician is responsible for quality monitoring and is expected to conduct regular site-visits to clinics in their cluster to monitor quality and provide technical assistance and support.
- ◆ UFHP developed a quality monitoring system (QMS) which was shared with QIP in developing the NIPHP quality monitoring system (QMS). The NIPHP partners agreed on a QMS. UFHP shared the new QMS with its partner NGOs in a training in August.
- ◆ The process of training the clinician member of the NGO Management Team with regard to the QMS has already been initiated. They have been oriented on the existing tools to be used for QA visits and are accompanying the teams that are conducting joint QA visits with QIP. The first of the QA visits with the teams of UFHP TSCs and clinician NGO managers are expected to commence shortly.
- ◆ NGO managers received training on the interpretation of the QIP-produced QA ratings report as part of the 3<sup>rd</sup> Institutional Development Workshops in August. Managers participated in an exercise to identify quality problems based on the report. UFHP set the expectation that NGO managers were accountable for quality performance and should take action to improve quality ratings during the coming year.
- ◆ UFHP introduced a new NGO performance rating strategy which incorporates quality indicators to support management decision-making. Together the NGO Performance Analysis Report and the QA annual performance ratings serve as useful resources for NGO management and staff to identify quality problems to target for improvement. The first reports were distributed in August to all NGOs and UFHP set expectations for NGOs to demonstrate improvement during the coming year.
- ◆ The NGO clinician managers are conducting regular visits to the static and satellite clinics to monitor progress on quality improvement priorities.

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

All significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan. UFHP scheduled and managed offerings of basic and refresher courses through April 2001. Due to funding constraints, UFHP has changed its training strategy for the remaining contract period. UFHP will focus on providing LTFP training and

basic core courses for doctors centrally. It is expected that gradually NGOs will take over the responsibility for organizing local level on-the-job orientation/training by calling on UFHP and other partner resources.

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

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

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

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

- ◆ Each NGO is staffed with a Management Team including a physician technical resource with responsibility for quality improvement, a finance manager with responsibility for the financial management of the program, and an administrative manager with responsibility for BCC and program planning.
- ◆ The NGO Management Team has been delegated responsibility for local level monitoring and support including conducting regular monitoring visits, monitoring program performance and assuring clinic staff competence.
- ◆ A revised IS has been introduced which improves data collection and reporting. The resulting reports permit the Management Team and clinic staff to assess problems and take corrective action. As part of the new IS, UFHP is providing quarterly NGO Performance Analysis Reports which permit comparisons across an NGO's service delivery sites and between NGOs on a broad set of performance indicators. The first quarterly report was distributed for the period April-June, 2001. Training was provided to all NGOs on the use and interpretation of the report.

- ◆ Training has been provided in problem solving to the Management Team as part of the Institutional Development workshop series. Topics addressed during three workshops in November, February and August included: building demand for the ESP program, improving quality of services delivery, effective financial management, information for decision-making, program development including grant writing and fundraising, and leadership and governance. Copies of workshop agendas for the first two workshops were included in the Attachments to the UFHP 2000-2001 Semi-annual report; an agenda for the third workshop is included in the Annual-report Attachments.
- ◆ A management assessment checklist has been developed and implemented to be used by UFHP and NGO staff to review all components of the UFHP ESP program. The checklist is a simple tool which guides a review of the clinical, managerial and financial aspects of the program to identify areas of weakness to be addressed. All clinics were visited for an initial assessment visit between November and March using a comprehensive checklist. Based on feedback from field staff, the checklist was revised for the second round of assessment visits conducted early fall of 2001.
- ◆ A two-day orientation was conducted with all Clinic Managers and members of the Management Team to update them on program priorities and recent changes in April, 2001. A key objective of the training was to facilitate improved coordination and collaboration between the NGO Management Team and the Clinic Managers.
- ◆ UFHP worked with QIP to develop a local level QMS. The approach was shared with UFHP partner NGOs in the August Institutional Development Workshop. NGOs were provided current statistics on quality performance ratings prepared by QIP and instruction on how to interpret the data. All NGOs were advised to identify and prioritize quality problem areas (areas rating less than 80%) for action.
- ◆ Promote expectation among NGO leadership and management that performance counts. UFHP has notified all NGO partners that performance will be monitored and failure to show improvement will be regarded as unsatisfactory and may result in reduced or discontinued funding.

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

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

- ◆ Two customer satisfaction tools were developed and distributed to NGO management for use at the local level. The first tool is a customer feedback form with a simple rating system for patient satisfaction. The card is designed to be used by literate customers following a visit. The second tool is an exit interview form to be used to obtain customer feedback. The interview is to be completed by an interviewer with a sample of customers. Copies of both tools were included in the Semi-annual report Attachments.

- ◆ NGO managers were oriented to the need to solicit customer feedback and to use survey instruments for data collection as part of the Institutional Development Workshop series. Copies of the instruments were distributed in the training.
- ◆ NGOs have instituted the customer satisfaction monitoring procedures in their clinics. SSPs have been given the main responsibility to conduct the exit interviews on a regular basis and share the findings with Clinic Manager and NGO Management Team.
- ◆ UFHP also conducted a number of exit interviews throughout the network on a sample basis. The data has been analyzed centrally and will be shared with the NGOs.

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

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

- ◆ The management support checklist was revised twice during the year and includes sections on use of data for decision-making. TSCs conducted initial assessment visits to all NGO clinics during November – March and used the checklist. Based on feedback from the field staff the checklist was revised prior to the second round of assessment visits conducted in the fall of 2001. All NGO clinics were visited at least two times during the year to review program operations. A follow-up report summarizing key findings of the visit and areas for improvement were sent to the Management Team following the visits.
- ◆ The BCC/M Team made visits to all UFHP clusters to facilitate BCC/M plan development using IS and catchment population data.
- ◆ The UFHP NGO IS was revised to improve data collection and reporting. UFHP introduced an encounter form in March for more accurate data collection of utilization, revenue and collections data. The information captured by the encounter form is reported monthly to UFHP and summarized quarterly into an NGO Performance Analysis Report. This NGO Performance Analysis Report is sent back to the NGO and provides information on productivity, efficiency, quality, cost-effectiveness and market share. This information can be used by the NGO Management Team for informed decision-making about problem areas. A complete set of IS forms and reports was included in the UFHP 2000-2001 Semi-annual report Attachments, and a copy of the NGO Performance Analysis Report is included in Attachment B. The first NGO Performance Analysis Report was produced and distributed for the period April-June, 2001. UFHP plans to conduct a follow-up workshop to assess the NGOs' use of the NGO Performance Analysis Report to improve performance.
- ◆ NGO managers were trained on the use of the new NGO IS and interpretation of the NGO Performance Analysis Report. During all three Institutional Development Workshop series, managers participated in exercises using management reports to identify problem areas and strategize actions for improvement.

- ◆ UFHP informed its partner NGOs that the NGO Performance Analysis Report will be used as a tool to assess NGO efforts to improve performance. Trends in performance improvement will be monitored and NGOs will be held accountable for success or failure in achieving program goals. In this manner, UFHP is preparing to identify those NGOs which are well positioned for long-term sustainability and deserving of continued USAID support after this contract year.

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

An intensive effort was made to train NGOs in the development of useful strategic plans and tools for guiding the strategic planning process were provided as part of the grant application process in 1999. The focus of the ongoing strategic planning process during the 2000-2001 year was to assist NGOs in identifying opportunities and using management information to assess areas for improvement. Specific activities included:

- ◆ UFHP's field staff provided ongoing monitoring and assessment of NGO strategic plan implementation throughout the year. Since the strategic plans were multi-year plans, NGOs have not needed to update their plans during the year.
- ◆ UFHP conducted retreats with all NGO Executive Committees to engage the leadership in planning for the long-term sustainability of the NGO. The retreats were conducted during April – August. All NGO Executive Committees prepared an action plan with key steps identified during the retreat to support the improved effectiveness and long-term success of the organization. The UFHP field staff will be following up with the NGO leadership during the coming year to ensure that a work plan is developed and action steps are pursued.
- ◆ Three Institutional Development Workshops were conducted with UFHP NGO Management Teams. All workshops promoted skill building in problem solving. The Management Team engaged in numerous small group activities to identify problems, brainstorm solutions and propose implementation strategies. UFHP pressured project management to be accountable for continuous performance improvement and held project staff responsible for development and implementing work plans.

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

UFHP has initiated actions in support of our management partners' long-term strategic positions. Significant milestones as well as other actions were completed within the planned timeframe as specified in the 2000/2001 Work Plan.

- ◆ UFHP negotiated budgets with each of our management partners for the 2000-2001 year. The PSTC partner budget for the 5 year Cooperative Agreement was increased, and this increase was incorporated into the CA in Modification 8. The overhead audits for PSTC and BCCP have been completed and shared with USAID. The overhead audit for CWFD is currently underway.

- ◆ Each management partner was assigned specific training responsibilities to strengthen their capacity in managing a defined scope of work. Historically, UFHP's management partners provided trainers at its request. This year, each partner was assigned all logistical responsibility for a category of training. This action has challenged in partners to plan for trainer needs to conduct trainings according to a defined schedule and within budget.
- ◆ UFHP meets monthly with our management partners to discuss issues which impact their organizations and the UFHP program.
- ◆ UFHP and its management partners participated in a work group to discuss issues related to seconded staff including strategies for staff development and procedures for returning staff to their parent organizations to build capacity. Guidelines were developed which clarify how seconded staff will be shared between UFHP and partners.
- ◆ UFHP scheduled presentations with each of its management partners to update their strategic plans for the summer of 2001. CWFD presented their progress report in August, 2001. The presentation was attended by key CWFD staff and UFHP professional staff. Based on the discussion following the presentation, CWFD revised their plan and submitted an updated plan to UFHP. A key issue discussed with CWFD was their plan for developing a middle management capability for the organization. As a result, CWFD has established a position which reports to the Executive Director. The individual selected for this position was seconded to UFHP and has demonstrated excellent potential as a manager. Presentations scheduled with BCCP and PSTC were postponed. The BCCP made its presentation in September 2001.

***Action plan 6f – NGO governance workshop***

In the work plan, UFHP had proposed to conduct a workshop for NGO leadership in January. It was decided that a workshop with limited representation from each of the NGOs would be less constructive than conducting on-site retreats with each NGO Executive Committee. The retreats ensured broad-based participation of all members as well as emphasized the importance of the NGO leadership to UFHP's strategy for long-term sustainability. Actions completed during the past year include:

- ◆ Half-day retreats were conducted with the Executive Committees of all UFHP partner NGOs and a number of the Branch Executive Committees for FPAB. Retreats were conducted during the period April-August. The retreats followed an agenda and was facilitated by a two-person UFHP team.
- ◆ Key issues addressed in the retreat included roles and responsibilities of the EC members; role of the UFHP project Management Team; characteristics of a successful health program; and development of action steps to promote long-term sustainability and success of the organization.
- ◆ A summary of the proceedings including action steps was forwarded to the NGO within a week of the retreat.

- ◆ A final report summarizing the findings and recommendations of the retreats was prepared and forwarded to all NGOs, USAID and UFHP staff. A copy is attached as Attachment C. A brief summary of the findings in a presentation in August to USAID and UFHP staff.

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

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

- ◆ UFHP worked with its training partners to identify the numbers and types of courses to be conducted during the year to meet projected demand.
- ◆ UFHP prepared an annual training calendar which was printed and distributed to all NGOs to support planning for staff training. The training calendar was accompanied by a training manual which listed the goals and objectives of all core courses and target audience.
- ◆ NGO managers were instructed to use the annual training calendar to ensure that all staff were trained in a timely manner and with minimum disruptions to clinic operations.
- ◆ To assess the effectiveness of all UFHP core trainings, UFHP technical staff attended review sessions conducted by the training organizations on each of the core courses. Recommendations for improving the content and format of all trainings were drafted and shared with PRIME for follow-up. A summary of the Training Program Assessment was included in the 2000-2001 Semi-annual Report Attachments.
- ◆ UFHP reviewed and revised the training curricula for BCC/M and IPC/C as well as for our Clinic Management Course (CMC) which addresses staff appraisal, facilitation, financial management, and human resource management. The revised CMC was scheduled in April 2001 and conducted by UFHP directly. The revised curricula for BCC/M and IPC/C was shared with the training organization responsible for conducting these trainings. In revising curricula UFHP emphasized practical, competency based learning and shorter training periods to minimize disruptions to clinic operations. UFHP Management Partners conducted a number of batches using the revised curricula. A new curriculum for use at the local level was designed combining IPC and Nutrition. The first batch will be organized during October 2001.
- ◆ UFHP engaged a consultant to develop a preliminary report on NGO personnel policies. Based on this report, UFHP contracted with a local firm to draft NGO personnel policies to be used as a template for NGO's to develop customized personnel policies. The draft is currently being reviewed by UFHP.
- ◆ UFHP conducted a management skills update for Clinic Managers and the NGO Management Team in April. The purpose of these updates was to facilitate improved coordination between the NGO Management Team and Clinic Managers and set expectations that UFHP will be working through the NGO Management Team to share program updates

and priorities in the future. It will be the responsibility of the Management Team to inform the Clinic Managers of these updates. Key updates on revised QA, IS and NGO performance monitoring will be the focus of the training.

- ◆ UFHP completed all regional trainings on GOB FP logistics management in collaborating with DELIVER. On behalf of DELIVER, Community Health Care Project (CHCP) has conducted 16 regional one day trainings on logistics management for all UFHP Clinic Managers, SSPs and DOs. These trainings were scheduled during July- August 2001.
- ◆ UFHP in collaboration with QIP completed 27, 2-day long Infection Prevention workshops in all clusters. One remaining training is scheduled to be conducted in October. Physician PD/PM, one paramedic from each static clinic and *Ayas*/Clinic Aides participated in the workshop.
- ◆ UFHP scheduled two TOTs on Strengthening Counseling Capacity Workshops for PDs or PMs of all clusters. UFHP also scheduled two Strengthening Counseling Capacity Workshops for paramedics selected from functional comprehensive clinics. These workshops were conducted in collaboration with QIP.
- ◆ UFHP organized four one-day-long regional management and technical skills updates workshop with special emphasis on GOB-NGO coordination and collaborative efforts to increase LTFP services. NGO Presidents, Project Directors, and Project Managers, as well as the Clinic Managers of comprehensive clinics participated in these workshops.

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

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

- ◆ Prior to 2000-2001, UFHP employed NGO Liaison Officers (NLOs) and Quality Assurance Officers (QAOs) to provide on-site monitoring and support of our NGOs and clinics. To better integrate support activities provided to UFHP partner NGOs, UFHP initially combined the functions of the NLOs and QAOs into a single position, Technical Support Coordinators (TSCs). All TSCs were assigned a number of NGOs for which they provided technical assistance and support (NLO functions) and different NGOs for which they provided quality monitoring (QAO functions). Since all NGOs are visited during the beginning of the year for an initial assessment visit using the checklist and later in the year for a quality monitoring visit, this approach distributed site visits for all TSCs evenly throughout the year. All TSCs were trained in both functions to support effective monitoring and support. This approach optimized UFHP HQ staff. Recently, UFHP has revised our support structure again by establishing teams. Each team is assigned all TA support responsibility including QA, BCC and program management for a number of NGOs. The team is accountable for the performance of their assigned NGOs. This approach facilitates UFHP's ability to coordinate the provision of TA for quality improvement, clinic operations, and marketing.

- ◆ UFHP conducted a comprehensive program review of all aspects of the program. A detailed list of recommendations for program and internal systems improvement were developed. UFHP staff were assigned follow-up responsibility for key actions. During UFHP's February staff retreat, a status report on all follow-up activities was prepared. Based on this analysis, UFHP is implementing all recommendations according to the work plan.
  
- ◆ In early fall, UFHP assessed staff training needs. Based on this assessment, an in-house training program was arranged for December which included a review of all UFHP core training programs which are required for clinic and NGO management staff. The purpose of these refresher trainings was twofold: 1) to update UFHP technical staff on the content of our clinic training programs to ensure consistency between training and on-site technical assistance and support; and 2) to assess the appropriateness and effectiveness of the training program. Based on our review, recommendations for improving the content and format of the training programs were developed and shared with PRIME and the UFHP Management Partners.
  
- ◆ UFHP staff revised all monitoring checklists. A combined assessment checklist was developed to support a comprehensive initial assessment visit for all clinics which incorporates BCC/M, financial management, clinical services, community relations, leadership and governance, IS, and planning. This checklist was used by TSCs to conduct initial assessment visits from November – March. Based on feedback from the field staff, this checklist was revised again before the second round of comprehensive assessment visits conducted in the fall of 2001. UFHP worked with QIP to revise the QA checklist for the Round 4 QA visits scheduled for the second half of the year. Both checklists are designed to be used both by UFHP staff as well as NGO and clinic staff to support on-site monitoring.
  
- ◆ UFHP has devised a number of strategies for integrating information from various sources including site visit report and performance statistics to more easily identify and target NGO support needs. These include:
  - UFHP prepared NGO files which include copies of the TSC, BCC, QA and other site visit reports as well as performance statistics. These integrated files facilitate overall review of program performance.
  - UFHP developed a new quarterly NGO Performance Analysis Report which summarizes performance in key areas of productivity, quality, financial viability and market share to monitor trends and identify problem areas.
  - UFHP worked with QIP to develop a set of composite and individual quality indicators which are generated from the QA site visit checklist and permit identification of areas for quality improvement.
  
- ◆ UFHP has modified its IS system to collect information monthly on the number of approved personnel, current vacancies, recent recruits and the number of trained personnel. This information is collected by position: medical officer, paramedic, *aya*, counselor, etc. This information forms the basis for our Personnel Information System (PIS). Based on this information, UFHP can project training needs and identify clinics which have failed to train staff in a timely manner. The PIS was initiated in March, 2001.

- ◆ UFHP organized and held its annual HQ retreat with all UFHP staff in February. The three day event focused on clarifying UFHP's strategic direction and approach in each of the critical areas defined by the IR s and on identifying areas for focus to achieve desired goals. A final report was prepared from the retreat and was presented to USAID in March. UFHP has begun implementing recommendations from the retreat. A copy of the report was included in the 2000-2001 Semi-annual Report Attachments.
- ◆ UFHP had scheduled its annual grantee dissemination workshop for August. However, due to the fact that a dissemination session was held for all Clinic Managers in April and the third Institutional Development Workshop in August, it was decided that the annual grantee meeting should be delayed until fall. All key issues had been presented in these two venues.
- ◆ UFHP conducted a strategic retreat with all staff in July 2001. The purpose of the meeting was to revisit the organizational structure and assess progress on implementation of program objectives and action plans. Based on this meeting, UFHP identified a number of areas which require greater emphasis including documentation and dissemination. A revised organizational structure was developed and is included as Attachment D.

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

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

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

- ◆ UFHP revised and disseminated financial guidelines and cost-containment guidelines to improve financial management to all partner NGOs.
- ◆ UFHP disseminated results of a pricing study and guidelines for implementation of recommendations to our NGOs during the Institutional Development Workshop series. Strategies for pricing services so as not to discourage use of preventive services while maximizing cost-recovery were discussed.
- ◆ UFHP successfully completed audits through December 2000 for all NGOs (all clusters). Audit findings and observations are being followed up and implemented.
- ◆ Due to the reduced level of funding for the 5th year of the program, UFHP streamlined and consolidated the service delivery network to make the program more effective and efficient. As a result, the cost recovery rate increased significantly in the July - Sept 2001 quarter.

- ◆ UFHP developed a user-friendly accounting software application for service delivery NGOs in November 2000. The application was tested and installed in four large NGOs. An additional 6-8 NGOs will have this software installed by the end of November 2001.
- ◆ UFHP partnered with DELIVER/Bangladesh to conduct regional trainings on GOB FP logistics management. Clinic Managers from all UFHP clinics were trained.
- ◆ UFHP monitored the financial management of all NGOs and provided technical assistance as needed throughout the year.
- ◆ Effective financial management of NGOs and clinics was a priority topic for the Institutional Development Workshop series. The NGO Management Team including the financial manager (FAMs) received guidance on NGO program planning and budgeting, pricing policies, cost containment/reduction, revenue generation and use of revenue funds. The emphasis of these trainings was to give the NGO Management Team increasing responsibility for program performance and to promote financial sustainability through effective financial management practices.
- ◆ UFHP introduced a quarterly NGO Performance Analysis Report and corresponding data collection procedures to generate required information. The first reports were produced for the period April-June 2001. All NGOs received training on the use and interpretation of the report.

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

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

- ◆ UFHP worked with DELIVER/Bangladesh to revise its IS to provide GOB FP logistics data at a glance. The monthly reports now report stock information on all commodities. This information meets DELIVER's reporting needs, as well as provides useful management information to our NGOs and clinics.
- ◆ The UFHP ESP card was revised with input from clinical staff and NIPHP partners. The ESP card was revised to better serve as a clinical tool. New features include reminders for missed opportunities and more detailed assessment and screening information to guide provider practice. The card was translated into Bangla and distributed to all NGOs.
- ◆ UFHP was a member of an IS Working Group facilitated by USAID to review all data collection and reporting procedures. With guidance from this group, UFHP revised its data collection and reporting procedures. New forms were developed and the process streamlined. UFHP introduced an encounter form to improve the accuracy of reporting utilization, revenue and collection information. Additional data is being collected to generate a quarterly NGO Performance Analysis Report which provides useful management information for decision-making to NGO managers and clinic staff. A complete set of forms

and reports for the revised IS was included in the 2000-2001 Semi-annual Report Attachments.

- ◆ A revised IS system was implemented as of March 1. New data collection forms were distributed to the field and the NGO Management Team was trained on their use in February. The first quarterly NGO Performance Analysis Report was prepared from data reported for the period April-June and distributed to all NGOs.
- ◆ Through UFHPs PIS, information on staffing, vacancies and training needs has been incorporated into the monthly reporting format and are available to plan trainings as of April 1, 2001.

## 8. Research and M&E

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

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

- ◆ In late October 2000, an external consultant visited Bangladesh and conducted a preliminary review of the UFHP’s health card initiative, which began in June 2000. The main findings from this review were that the Health Card program has helped to increase the visibility of the UFHP program and the number of contacts at its clinics. The consultant proposed a more in-depth research study to measure the impact of UFHP health cards on utilization, costs, and revenues. Based on the concept paper for the proposed research and on earlier inputs from Peter Connell (who was here as a consultant on the UFHP pricing strategy), UFHP modified the methodology. From January 2001 UFHP began collecting and analyzing data using this. UFHP has found that, in general, cost recovery from yellow cards is at least comparable with the current network-wide cost recovery rate of 12% - reaching as high as 19% to 40% in some clinics. As was expected, cost recovery from the blue card, targeted to the poorest of the poor, is low - about 3% or less. The overall cost recovery from cardholders depended on the mix of different types of cardholders. Also, there was some increase in the number of visits by the cardholders. Based on the study findings, UFHP issued a guidance letter to the NGOs to rationalize sale of cards according to the socio-economic condition of the customers, increase or add co-payments and to approach community people to support the hard-core poor segment through purchase of health cards on their behalf.

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

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

An internal working group identified UFHP’s review priorities, laid out an implementation strategy through June 2002, and begun implementation. The six review priorities were (1) Health Card Initiative review, (2) Pricing Policy review, (3) TB Program review, (4) Safe Delivery Program review, (5) Development and Field Testing of NGO Performance Rating System, and (6) Customer Satisfaction monitoring review. A copy of “UFHP’s Review Priorities 2001-2002,” was included in the 2000-2001 Semi-annual Report Attachments. In addition to the Health Card Initiative review activities described above, UFHP has carried out the following activities linked to its identified review priorities in the past year:

- ◆ As a part of the TB program review, UFHP participated in the NTP Program Review jointly conducted by GoB, WHO and BRAC. In another meeting, UFHP was assigned by the GOB’s NTP Program Manager to take part in the implementation of the Program’s research agenda for the coming year. Key research questions include gaining insight on the efficacy of the DOTS strategy in urban areas from the customers’ perspective, increasing DOTS accessibility in urban slums, and identifying best practices and new strategies for improving the GOB – NGO interface in the implementation of the NTP.

- ◆ The UFHP Research Team has worked with the Safe Delivery Program to finalize program review questions, identify data needs related to these questions, and to finalize data collection tools.
- ◆ An exit interview form for use in customer satisfaction monitoring was developed. The exit interview form is to be completed by an interviewer with a sample of customers. UFHP has formulated a strategy to improve the monitoring of customer satisfaction at the local level and to ensure that the data collected is used to inform clinic management decisions. In addition, Technical Support Coordinators from UFHP conducted a number of exit interviews on a sample basis during their routine field visits to the clinics. The data was analyzed and shared with them in-house.
- ◆ The RTI/STI awareness survey is on hold pending USAID approval to contract the work out to an external agency. Reviewing the need and relevancy of the study after a long time lag, it was decided to drop the study from the work plan.
- ◆ A separate study was planned to understand the changing role of urban men in FP and RH. UFHP now plans to take advantage of the NIPHP community survey, utilizing the relevant questions focusing on men that have been included in that survey, rather than duplicate efforts.

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

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

- ◆ Computer entry of the data collected during the clinic promotion campaign (CPC) was completed. Compiled reports were sent to the respective NGOs. UFHP designed a computer program which uses the CPC data along with the monthly performance data in order to analyze UFHP clinics' contribution to meeting the need for ESP services in their catchment areas. The findings are reported as part of the quarterly NGO Performance Analysis Report. The first such report was shared with the NGO Management Teams during the third Institutional Development Workshop series. Clinic-level BCC/M teams were trained to use CPC data to prioritize BCC/M activities and to organize outreach activities in their municipalities.

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

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

- ◆ UFHP is actively collaborating with MEASURE to implement the NIPHP community survey. UFHP has supplied MEASURE with population data, program information and maps required to determine sample sizes, populations and comparison areas, and has reviewed and

provided feedback on the draft questionnaires. The data collection is complete and a draft report is expected by December 2001.

## 2. Special Initiatives Undertaken

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

- ◆ Collaborate with NGO partners to manage budget cuts: UFHP experienced a funding shortfall due to a shortage in USAID obligated funds which required immediate and unexpected cuts. UFHP worked extensively with our NGO partners to evaluate current budgets and approve budget cuts designed to minimize the impact on field operations. As part of UFHP's strategy to build capacity among project management and NGO leadership for program planning, the NGOs were encouraged to identify cost cutting measures based on their understanding of local needs and experience. With appropriate justification for recommended cost cutting measures, UFHP approved NGO requests.
- ◆ Promote accountability among NGO Partners: As part of the NGO Institutional Development series and other forums, UFHP set expectations with our NGO partners that they are accountable for program performance. UFHP developed various tools and reports to assist NGO management in monitoring program performance. NGOs understand that future funding will depend on their success in demonstrating improved program performance as evidence of their commitment to the program.
- ◆ Evaluate feasibility and cost-effectiveness of UFHP service delivery model: UFHP performed a detailed analysis of program costs and analyzed the feasibility of the current service delivery model for sustainability. Guidance was provided to our NGOs about cost-effective and productive staffing levels and program costs to assist them in budget cuts. UFHP will continue to work with our NGOs to streamline the service delivery model to support long-term sustainability through the Institutional Development workshop series mechanism.
- ◆ Developed and issued first UFHP project profile: UFHP introduced a new vehicle for sharing lessons learned among NGO partners and with other key stakeholders. The quarterly publication called the *Urban Star* provides timely profiles of UFHP field program activities and highlights model programs. The first issue was disseminated in August, 2001.
- ◆ Collaboration with GOB on IMCI: UFHP worked with representatives of the GOB to establish an IMCI program for UFHP clinics. After much negotiation, the GOB agreed to train UFHP representatives as part of their formal IMCI training program. UFHP is committed to replicating features of the IMCI into the UFHP clinic program to demonstrate the network's support for GOB priorities.
- ◆ AFP surveillance: UFHP was an active participant in a nationwide analysis to assess the current status of the polio eradication efforts. UFHP provided expert technical support to the process which ultimately generated a final report and recommendations for the EPI program.

- ◆ Collaboration with GOB on IS: UFHP worked closely with representatives of the GOB to develop a local level reporting capability. Building on our work to devise indicators to monitor program performance at the local level, UFHP provided TA and training to GOB staff.
- ◆ Collaboration with GOB on LTFP: UFHP collaborated with the GOB on long-term family planning. UFHP and the GOB participated in monthly joint policy meetings and organized 4 joint Divisional workshops on LTFP to improve coordination between UFHP clinics and local government officials. Other activities included: 1) a condensed clinical course to certify all FPAB clinic doctors in tubectomy and NSV; 2) expedited process for DTC approval for doctors completing LTFP training; and 3) central procurement of Norplant to expedite distribution to UFHP clinics.
- ◆ Collaboration with UPHCP: UFHP worked closely with the Urban Primary Health Care Project (UPHCP) to foster collaboration at the HQ and local levels. UFHP provided an overview and copies of all policies and procedures related to finance, BCC/marketing, clinical and IS to facilitate standardization of policies and procedures between the two service delivery networks. UFHP participated in local level meetings with UPHCP to minimize duplication of services and coordinate referrals and BCC. Third, UFHP negotiated terms with UPHCP for providing selected UFHP NGOs with newly constructed clinic facilities rent-free.
- ◆ IS Revision: UFHP participated in a working group with USAID and RSDP to revise our IS to improve consistency in reporting between the urban and rural components of the NIPHP program and to better meet USAID's reporting needs. Based on this work, UFHP revised all data collection forms and the monthly performance report. UFHP revised the software to support new reporting requirements for USAID and NGO partners at local level. NGO management and Clinic Managers were trained on the new data collection procedures and use of the management reports. The first quarterly NGO Performance Analysis Report was distributed in August, 2001.
- ◆ UFHP Training Program Review: In December 2000, UFHP technical staff attended summary training sessions for all core training programs offered to UFHP clinic staff to assess the appropriateness and accuracy of the training program. Trainers were requested to present the purpose and objectives of the course, review course content and provide sample materials. Based on our review, UFHP proposed significant modifications to the curriculum to emphasize practical, non-academic skill building in core ESP service delivery. UFHP met with PRIME to review the recommendations and seek support for making recommended changes to the core clinical courses. In addition, UFHP worked extensively with PSTC and BCCP to revise the IPC/C and BCC/M curricula along the lines mentioned above. During this process, UFHP drafted new content on topics such as informed choice and the Tiaht Amendment, the use of UFHP's new IS forms, addressing missed opportunities, front line customer service, and the use of data in BCC/M planning.
- ◆ UFHP Directory of Service Delivery Locations: UFHP prepared a directory summarizing contact information and services for all service delivery sites to serve as a reference for staff,

GOB personnel and other UFHP partners. The directory facilitates identification of available services at the local level and is designed to foster collaboration and coordination among people working in the health field at the national and local levels. The directory was completed shortly before the program cuts and had to be revised to reflect the reduced service delivery network.

- ◆ **EPI Survey:** UFHP conducted a survey of all UFHP clinic and satellite locations to assess the availability of EPI services at the local level. A summary report was prepared with this information and shared with IOCH. Findings of the survey were used to develop strategies for improving access to EPI services in selected municipalities and to foster better collaboration with IOCH. UFHP sent a letter to all clinics summarizing the strategies developed with IOCH, promoting IOCH as a resource for addressing local barriers, and encouraging stronger working relations at the local level.
- ◆ **QA Indicators and QMS Development:** UFHP worked with QIP to revise QA tools and procedures. UFHP was actively involved in revising the QA checklist, identifying new QA indicators for quality assessment and developing a QMS to support local level quality monitoring.
- ◆ **NGO Executive Committee retreats:** As planned in the work plan, UFHP proposed to conduct a workshop for representatives of the NGO Executive Committee to build leadership skills and promote long term sustainability of the UFHP program. After some consideration this approach was discontinued in favor of on-site retreats at each NGO with the entire Executive Committee. In this manner, UFHP promoted the importance of the involvement of the entire leadership in program planning, monitoring and development. Half-day retreats were conducted on-site at 27 organizations including all partner NGOs and several FPAB Branches.

### **3. Success Stories**

UFHP is most proud of the following successes during the past year:

- ◆ **Gains towards long-term sustainability:** UFHP has promoted cost recovery as a strategy for ensuring long-term sustainability from the inception of the project. Based on data from the July to September quarter, our NGO partners are achieving an 18% cost recovery rate on total costs, representing 3.5 million taka per month in revenues, to be used for the long-term sustainability of the ESP program.
- ◆ **UFHP Management Partners diversify their resource base:** BCCP and PSTC have made extensive progress in the diversification of their funding sources, an important component of their strategic plans developed as a part of their partnerships with UFHP. According to a Review of Progress in the Implementation of BCCP's Sustainability Plan, BCCP has been able to attract new non-HIPHP projects, such UNICEF/GOB's Reducing Maternal Mortality Project, adding to the organization's overall sustainability. PSTC has also made great progress in diversifying its resource base, adding new projects and more than doubling its operating budget from its September 1998 level.

- ◆ Successful collaboration with UPHCP on clinic transfer: The ADB-funded Urban Primary Health Care Project (UPHCP) is building clinic facilities in all Dhaka wards and in selected locations in Chittagong, Rajshahi and Khulna. UPHCP plans to transfer clinic facilities built in UFHP-assigned areas to UFHP NGOs upon completion. All facilities are constructed according to two standardized plans depending upon the lot size. The facilities include a commercial first floor which can be rented out, and a clinic on the second floor. To date, 4 clinics in Dhaka have been constructed and transferred to NGOs providing services under the USAID program; an additional 3 clinics are currently under construction and slated for transfer. UFHP will receive clinic space in these buildings rent-free, with the Dhaka City Corporation retaining the rental property and associated income. UFHP has signed an MoU with the UPHCP, a copy of which was included in the 2000-2001 Semi-annual Report Attachments.
- ◆ UFHP meets cost sharing contribution targets one year early: As of June 2001, JSI/UFHP had contributed \$1,673,166 to the total cost of the UFHP program, well over the required \$1,405,000 requirement in the CA. UFHP NGOs continue to earn program income, which will be used by them in the coming year to further UFHP's program objective of building sustainable ESP service delivery organizations.
- ◆ NGO Executive Committee retreats: UFHP conducted on-site, half-day retreats with the Executive Committees at each of our partner NGOs. These retreats provided the first opportunity for UFHP to engage the entire leadership of the NGO in the UFHP program. The purpose of these retreats was to clarify the roles and responsibilities of the NGO leadership in program planning, monitoring and development and to build support for the UFHP program to promote long term sustainability of ESP health services. The retreats were well received by the NGO leadership who welcomed the opportunity to be more involved with the program.
- ◆ Establishment of 41 Comprehensive Clinics: UFHP established 41 Comprehensive Clinics which offer the full range of ESP services including all LTFP methods at high quality. UFHP reports a 198% increase from November 2000-August 2001 in the number of non-IUD LTFP (Norplant, tubectomy, and non-scalpel vasectomy) procedures performed in these clinics.
- ◆ UFHP Divisional workshops on LTFP: UFHP organized 4 joint GOB-UFHP Divisional workshops on LTFP to improve coordination between UFHP clinics and local government officials. The workshops were attended by UFHP clinic staff, Civil Surgeons, Deputy Directors of Family Planning (DDFPs), and Assistant Directors of Clinical Contraception (ADCCs), and *Upazilla* Health and Family Planning Officers. These meetings set the stage for improved collaboration between UFHP clinics and their respective Civil Surgeons and district-level DDFP with a view to ensuring timely receipt of both District Technical Committee (DTC) approval for their LTFP activities, Medical Surgical Requisite (MSR) supplies and certain necessary drugs attainable only through the Government. The workshops paved the way for the establishment of linkages between UFHP clinics and their respective ADCCs for technical support in the provision of LTFP services.

- ◆ UFHP NGOs awarded GOB Population Award: Each year, the Government of Bangladesh awards 1 NGO in each of Bangladesh's 6 Divisions the prestigious Government Population Award for their achievements in providing family planning, child health, and maternal health services. These awards are made by the Divisional Commissioners and the Divisional Directors of Health and Family Planning, considering such factors as coverage and service quality in the provision of services. UFHP is pleased to report that in 2000, 4 of the 6 Government Population Awards were awarded to UFHP NGOs: Banophul/Khulna, FPAB/Sylhet, FPAB/Rajshashi, and Mamata/Chittagong.
- ◆ Launch of the Safe Delivery Program: After a year of careful planning, UFHP's Safe Delivery Program (SDP) was rolled out in six locations. UFHP identified the six Safe Delivery Program sites based on ANC customer load, facilities, availability of trained personnel, and the availability of a Comprehensive Essential Obstetric Care-capable (CEOC-capable) referral facility with whom the UFHP clinic could link. Since March, UFHP has successfully performed 274 deliveries at these six service locations.
- ◆ Launch of the Post-Abortion Care program: UFHP launched Bangladesh's first post-abortion care program in July 2001 in 2 locations. From July – September 2001, UFHP provided PAC services to 14 customers.
- ◆ Institutional Development Workshop Series: UFHP has been conducting a series of Institutional Development Workshops to build skills in effective decision-making by the UFHP NGO Management Team. The purpose of the institutional development training series is to clarify the roles and responsibilities of the Management Team members; promote a team approach to management; and empower the NGO Management Team to identify problem areas, develop solutions and initiate timely action. The workshop series involves group process, case studies and brainstorming to develop skills in problem identification and problem solving. Participants are learning about the six components of program success – building demand for services, improving quality of care, effective financial management, creative program development, strong leadership and governance, and efficient administration.
- ◆ Promotion prepaid health cards as revenue generation strategy: The prepaid health cards introduced by UFHP in June 2000 have proven to be an effective vehicle for building sustainability. UFHP's review of the health card program found that the health cards have the potential to increase revenues by counteracting widespread discounting trends. This potential depends on 3 factors: (1) the average number of visits health card holders make to the clinic in a year; (2) the average revenue earned per visit to a particular clinic; and (3) the amount of the co-pay. The health cards may also encourage improved health seeking behavior by reducing financial disincentives to accessing primary health care: Purchase of a prepaid card may help to address customers' reluctance to spend money on preventative services. Critical to the success of the health card program is the setting of fees and co-pays. Since costs and fees differ by community, clinics should set fees based on local experience.
- ◆ NGO Rating System: UFHP has defined objective, transparent criteria for evaluating effectiveness and success at the NGO and clinic levels. These indicators balance competing priorities including cost-effectiveness, access to care for the most underprivileged,

community health improvement, and financial viability. The indicators are reported quarterly in a new *NGO Performance Analysis Report*. Indicators on the clinic's community profile and market share, utilization, quality of care, efficiency and financial viability will be used to rank clinics and NGOs. NGOs and clinics which demonstrate improvement in overall performance over time will be recognized. The first quarterly report was disseminated in August 2001 for the period April-June.

#### **4. Lessons Learned**

Based on experience during the past year, UFHP has learned the following lessons:

- ◆ Design service delivery networks for cost-effectiveness: In designing the UFHP service delivery network, the focus was on quality. Staffing levels, facilities layout and customer fees were established to achieve quality objectives and assure access. Less consideration was given to the cost-effectiveness of the model. This one-size-fits-all model failed to recognize differences in local competition and service demand. The danger of this approach is that the resultant service delivery model may be difficult to sustain when grant funds are no longer available. During the last year, UFHP took a more flexible view of local staffing and facilities requirements in recognition that communities differ. In the future, service delivery models should consider the relationship between costs, revenues and utilization in the design phase if the ultimate goal for the project is sustainability beyond the immediate available funding.
- ◆ Promote reward to achieve productivity goals: To maximize impact of donor funding, it is recommended that expansion be tied to performance. Rather than promote a one-size-fits-all model of service delivery, clinics should be staffed at a basic level to start. Additional staff can be hired only after productivity goals are achieved. In this manner, clinics will be given incentive to be productive. As an example, first establishing a clinic which is modeled after the UFHP upgraded clinic and then expanding it after it has proven itself able to attract sufficient numbers of customers to a static clinic and ultimately a comprehensive clinic, ensures that the NGO is not burdened with a costly facility which it cannot maintain long-term. Furthermore, program management will receive additional funds only if they are able to demonstrate their commitment to the program in terms of program success.
- ◆ Promote accountability for program performance: Partner NGOs must be held accountable for program performance. Performance should be measured in terms of quality, productivity, cost-effectiveness and community impact.
- ◆ Develop IS systems which support management decision-making: To hold partner NGOs accountable for performance, timely and useful information is needed to monitor program performance. An appropriate IS system is needed to generate useful information including statistics on users and visits, costs and outcomes.

- ◆ Engage leadership in program planning, monitoring and development: For long-term sustainability, NGO leadership must be invested in the program. NGO leadership must understand their responsibilities as well as the role of the program management.
- ◆ Monitoring functions should be decentralized in a phased manner: UFHP clinics are being given increasing responsibility for monitoring program performance and taking actions at the local level to improve performance. Skill building is needed to build capacity at the local level for monitoring all aspects of the program including clinical quality, access, financial viability and community relations.
- ◆ Promote development of skills in problem solving: A priority for capacity building is the development of skills in problem identification and problem solving among program management and leadership. For long-term sustainability, program management must be able to think independently and be able to initiate action without pressure from an external donor.
- ◆ NGOs can learn business sense: Preliminary data suggests that UFHP's health card initiative may meet its goal of increasing NGO cost recovery rates. UFHP has found that, in general, cost recovery from yellow cards is at least comparable with the current network-wide cost recovery rate of – reaching as high as 19% to 40% in some clinics. As was expected, cost recovery from the blue card, targeted to the poorest of the poor, is low - about 3% or less. Cost recovery from red cards is not clear, due to the fact that the majority of red card holders have not yet used clinic services. Preliminary findings suggest that NGO-level decision making on health card marketing has helped to keep cost recovery up: Over the course of time, NGOs have learned to market the yellow cards most aggressively, saving the blue cards for the truly hardcore poor. This is a change from the early days of the clinic promotion campaign, when many more blue cards were sold. In addition, some clinics have introduced slightly higher co-pays for the yellow card, without impacting overall card sales. UFHP takes these early findings as signs that UFHP NGOs are becoming more savvy when it comes to financing their ESP programs, and are internalizing the importance of cost recovery to their overall financial sustainability.
- ◆ Executive Committee members must be motivated to take a more active role in UFHP program implementation: UFHP has traditionally communicated with the NGO Management Team on issues related to the program management. However, as the program matures and UFHP's attention shifts to ensuring the overall institutional and financial sustainability of the NGOs as a means of sustaining the ESP service delivery program, UFHP has recognised a need to more actively engage EC members. UFHP held half day, on-site governance workshops with the Executive Committees of all NGO partners and some FPAB Branch ECs, helping them to identify their roles in sustaining their ESP service delivery programs, to take stock of their Committees' strengths, and to devise strategies to address the Committees' weaknesses.
- ◆ Transfer of data analysis skills empowers managers: Over the past year UFHP looked to the NGO Management Team to take on more and more planning and management responsibility. A fundamental part of this process was training the Team members to utilize the data they collect to see their weaknesses more clearly and to make effective management decisions. In

the past year, UFHP NGO Management Teams were called upon to develop and implement strategic plans, to take part in QA visits (not just in terms of identifying problems but in implementing their solutions), to use data to prioritise their BCC/M needs, and to use IS for program monitoring and continuous quality improvement.

- ◆ Less theory, more practice: In its Training Program Review held in December 2000, UFHP reconfirmed that training programs built around building practical skills rather than theoretical knowledge are more valuable to the program. As a result, UFHP worked to revise all of its training programs, sending feedback to PRIME on changes needed in its clinical trainings, and working jointly with PSTC and BCCP to develop more practical versions of the IPC/C and BCC/M curricula. UFHP placed more and more emphasis on continuous skills improvement through OJT, the set up of Technical Advisory Committees at the local level, decentralization of the QA function, and working with PRIME to test distance learning's potential to update skills. UFHP hopes to use such strategies to reduce the amount of centrally-organized refresher training courses, which, aside from their financial costs, can mean that large numbers of providers are not at their posts at any one time.

## B. Progress Against Selected Performance Indicators

### 1. Clinic Performance

UFHP's clinic performance for the period from August 1997- September 2001 is summarized in the table. During this period, UFHP experienced an almost 8-fold increase in total annual contacts. UFHP reported 1,528,036 total contacts in 1997-1998. This number increased to 11,912,033 contacts in 2000-2001. The total contacts tally for the four years of the project is more than 25 million contacts. The maturity of the program is evident in year 4 performance: Almost half of UFHP's total services provided were provided in year 4. Additional information on UFHP's performance is included as Attachment I.

#### UFHP Clinic Performance (August 1997 – September 2001)

ESP Component	Aug. 1997 - Sep. 1998	Oct. 1998 - Sep. 1999	Oct. 1999 - Sep. 2000	Oct. 2000 - Sep. 2001	Total	
CH	410,091	674,111	1,350,956	2,103,334	4,538,492	
RH	FP	349,350	820,556	1,285,929	2,716,137	5,171,972
	Non-FP	250,730	624,497	1,486,639	1,547,007	3,908,873
<b>RH Total</b>	<b>600,080</b>	<b>1,445,053</b>	<b>2,772,568</b>	<b>4,263,144</b>	<b>9,080,845</b>	
CDC	37,778	11,801	2,125	9,478	61,182	
LCC	305,311	662,287	860,352	1,264,829	3,092,779	
ESP Sub-total	1,353,260	2,793,252	4,986,001	7,640,785	16,773,298	
NID	47,570	904,376	1,801,026	2,882,656	5,635,628	
Vitamin - A	127,206	463,364	1,165,815	1,388,592	3,144,977	
<b>Total with NID</b>	<b>1,528,036</b>	<b>4,160,992</b>	<b>7,952,842</b>	<b>11,912,033</b>	<b>25,553,903</b>	

Note: A summary of ICDDR, B-UFHP Collaboration Performance is included in Attachment F.

## 2. Long-Term Objectives

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

- ◆ Promote program efficiency: UFHP will continue to work with our NGOs to identify strategies for improving the cost-effectiveness and sustainability of the UFHP network. Efficient staffing levels, production standards and service fees must reflect local competition and service demands.
- ◆ Promote accountability for program performance: UFHP will work with our NGO program management to take a lead role in identifying problems and taking action to improve program performance. UFHP will be monitoring program performance quarterly and holding our partner NGOs accountable for improvement.
- ◆ IS for decision-making: UFHP is providing information to support informed decision-making and building capacity in program monitoring at the local level. The *NGO Performance Analysis Report* and *QA Rating Report* are tools to support program performance. UFHP is committed to providing these tools in a timely manner.
- ◆ Build local level capacity for training: UFHP has traditionally provided centralized trainings for all UFHP clinic staff. These trainings are time consuming and costly. With increased capacity at the local level, UFHP is promoting OJT and mentoring as strategies for orienting new staff and providing refresher training. This approach minimizes the time the provider is away from the clinic which is less disruptive to clinic operations.
- ◆ Promote overall program performance: UFHP has defined approximately 40 broad-based indicators to monitor utilization, quality of care, efficiency and financial viability. UFHP will be emphasizing the need for our partner NGOs to demonstrate success in all areas for long-term success.

## 3. Training Conducted

Attachment J summarizes training conducted in Bangladesh from October 2000 to September 2001 under UFHP auspices. One hundred ninety-one (191) training sessions were conducted. The total number of trainees was 3,008, including those who underwent formal training and those attending orientation sessions.

The majority of trainings targeted clinic staff to improve clinical and administrative skills. UFHP partnered with a number of training organizations including AITAM, BRAC, Radda, ICMH, OGSB, PRIME, CWFD, MSCS, QIP, BCCP, PSTC, CWFD and the GOB to conduct these trainings. UFHP completed the training of doctors and nurses for the Safe Delivery program in six locations in partnership with PRIME and OGSB as well as training for PAC in two locations out of six with QIP. Basic and refresher courses were held in core areas including

clinic management, child survival intervention, other reproductive health, rational drug use, interpersonal communications, BCC/M, nutrition, tuberculosis and long term family planning methods.

In addition, UFHP conducted a number of trainings and disseminations sessions to strengthen management skills. Financial Managers were trained on the new accounting software to be provided to NGOs. Three Institutional Development Workshops were conducted. The workshop format emphasized small group discussions, brainstorming and group exercise to build skills in critical thinking and independent decision-making. The workshops were attended by the UFHP project Management Team including the Project Director, Project Manager and Financial Manager. The NGO leadership participated in regular program update meetings. During the past year, four such meetings were held to present policies and procedures and introduce new initiatives. UFHP also conducted a program update and dissemination session to staff of the Adolescent Reproductive Health Program.

During December, UFHP arranged for refresher training on all core UFHP courses for UFHP technical staff. These courses also provided an opportunity for UFHP staff to evaluate the effectiveness and appropriateness of core courses. Based on feedback from staff, recommendations for improving core trainings were drafted and shared with PRIME, PSTC, CWFD, and BCCP for follow up. In general, UFHP staff agreed that many core UFHP courses were too long and incorporated too much theoretical information at the expense of practical skill building. Based on the recommendations UFHP Management Partners revised existing BCC/M and IPC curricula. A new curriculum is designed combining IPC and Nutrition counseling. PRIME has revised the combined ORH-CSI curriculum for doctors and is ready for pre-testing. PRIME has also planned to initiate the process of revising the paramedic training curricula.

Due to funding constraints in the final year of the contract, UFHP has revised its training program. With significantly reduced training budgets, UFHP will be promoting on-the-job and local level training as an alternative to centralized basic and refresher training programs. In addition, UFHP is working with PRIME to design an orientation on ESP components to be conducted at the local level. The target audience will be paramedics who did not complete the basic training program.

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

UFHP has either commissioned or directly published and/or disseminated the following reports during the last 12 months:

- ◆ An Internal Mid-Term Review of the UFHP, Dhaka, 17-19 September, 2000 published in October 2000, delivered to USAID/Dhaka;
- ◆ UFHP 2000/2001 Annual Work Plan (revised/final), October, 2000, delivered to USAID/Dhaka;
- ◆ A Catalogue of UFHP Training Programs 2000-2001; Booklet to Accompany UFHP Annual Calendar, October 2000;
- ◆ UFHP Annual Report 1999/2000, November 2000, delivered to USAID/Dhaka;

- ◆ Adolescent and Reproductive Health: A baseline study from selected urban areas of Bangladesh, prepared by Ariful Islam, Quamrun Nahar and Cristobal Tunon of ICDDR,B & ACPR in collaboration with UFHP, November 2000;
- ◆ Review of Sterilization Services in Bangladesh, 14 October to 01 November 2000; an assessment report prepared by AVSC International in collaboration with UFHP, RSDP, Marie Stopes Clinic Society and the Ministry of Health & Family Welfare (MOHFW), Government of the Peoples Republic of Bangladesh;
- ◆ UFHP Health Cards: Early Findings and the Prospects for Developing Health Insurance; a consultancy report prepared by Dr Alan Fairbank (USAID consultant);
- ◆ Activities undertaken by GOB and other Partners in implementing Reproductive Rights and Reproductive Health Recommendations; a consultancy report, prepared by Saiful Islam, Feb 2001;
- ◆ A Directory: UFHP Service Delivery Locations- 2001, prepared by Radha Friedman, February 2001, delivered to USAID/Dhaka;
- ◆ The UFHP Retreat 24-26 February 2000; a summary of results, March 2001;
- ◆ A Report on Internal Evaluation of UFHP's HIV/AIDS Program by Dr Tariq Azim and Dr Hashina Begum, March 2001;
- ◆ Standardised Guidelines for Preparation of Personnel Policies of UFHP funded NGOs, March 2001;
- ◆ Assessment of Met and Unmet Reproductive and Child-Health Needs of Clients of Urban Family Health Partnership Supported NGO Clinics: Draft, prepared by the Operations Research Project, ICDDR, B: Centre for Health and Population Research, April 2001;
- ◆ UMIS- Record Keeping and Reporting, Directorate of Health Services, GOB and UFHP, May 2001;
- ◆ UFHP's Urban Star, Issue 1, August, 2001;
- ◆ UFHP- NGO Executive Committee Retreats, Summary Report, August 2001; and
- ◆ UFHP 2001/2002 Annual Workplan, September 2001, delivered to USAID/Dhaka.

### **C. Customer Feedback**

UFHP has been working with our NGOs to promote the importance of seeking regular feedback from our customers. Two tools were developed and shared with NGO management and clinic staff: 1) a customer feedback card solicits feedback from literate customers after their clinic visits; and 2) an exit interview form which can be used periodically by clinics to record information about customer satisfaction. A copy of both tools was included in the 2000-2001 Semi-annual Report Attachments.

As a follow up to UFHP's recent retreat in which customer satisfaction was identified as an important area for renewed focus, UFHP established an in-house working group. The group devised guidelines to ensure that clinics utilize these tools or produce their own systems to periodically collect and respond to customer feedback.

Most recently, UFHP field staff completed a small sample of client interviews using the exit interview instrument. Results were aggregated and shared with UFHP staff and the UFHP NGO Management Teams. Preliminary findings indicate that:

- ◆ Word of mouth remains by far the most important channel through which individuals hear about and decide to use UFHP clinics. 89% of customers said that they had heard about the Family Health Clinic they visited from friends, relatives, family members or clinic staff. By contrast, only 9% of the customers mentioned the television as their source of information about the clinic. This may indicate that while TV advertisements may acquaint customers to UFHP, they may not be as effective in influencing customers to seek care at a particular clinic.
- ◆ 60% of the respondents felt that the amount of time that they had to wait at the clinic was good or very good. Five percent felt that they had to wait too long, and 34% felt that the amount of time they had to wait was only “fair”. This finding may reflect the tendency for UFHP clinics to be crowded in morning hours, especially when considered in conjunction with the customers’ preference for morning hours (45%).
- ◆ Customers were generally happy with the way in which they were treated by clinic staff: 96% of respondents said the doctor’s behavior was either good or very good, with 87% rating the attitude and behavior of the paramedics and counselors in these categories.
- ◆ 73% of those responding to the survey rated the quality of the health services received at the clinics as “good”, and 18% rated the services as “very good”. As always, UFHP will continue to work to improve the quality and customer satisfaction at all of its sites.

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

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

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

Priority areas of collaboration with the GOB include:

Urban Family Health Partnership

- ◆ **LTFP:** UFHP is committed to assisting Bangladesh's efforts to implement the Expanded Program on Immunization. UFHP, as the single most consistent urban health service provider in Bangladesh, has been working with the Government in the provision of routine immunization services and complementing the Government's efforts to eradicate poliomyelitis since December 1997. In this year, UFHP was an active participant in the AFP surveillance exercise to assess the current status of the polio eradication efforts. UFHP provided expert technical support to the process, which ultimately generated a final report and recommendations for the EPI program.
- ◆ **Family Planning:** The GOB sponsored a series of four regional LTFP workshops with UFHP to improve coordination between UFHP clinics and local government officials, helping to ensure timely receipt of both District Technical Committee (DTC) approval for their LTFP activities and supplies necessary for carrying out LTFP services delivery. UFHP is also working to establish linkages between UFHP clinics and their respective Assistant Directors of Clinic Contraception (ADCC) for technical support in the provision of LTFP services. UFHP recently streamlined Norplant insert procurement procedures, reaching an agreement with the Directorate of Family Planning. From April 30<sup>th</sup>, 2001 Norplant implants are procured by UFHP centrally and distributed to all UFHP sites providing Norplant services.

UFHP launched NSV and Norplant services in selected clinics and using MOHFW/DGFP training courses, run by GOB staff, to train our doctors and paramedics. With the GOB, UFHP negotiated: 1) a condensed clinical course to certify all FPAB clinic doctors in tubectomy and NSV; 2) an expedited process for DTC approval for doctors completing LTFP training; and 3) a centralized procurement of Norplant to expedite distribution to UFHP clinics.

- ◆ **Urban TB program:** UFHP, through the NGOs Image, Mamata, and Nishkriti, continues to collaborate with the GOB and Chittagong City health authorities to assist in the implementation of the National TB Control Program (NTP) in Chittagong City Corporation. In May 2000, UFHP signed an MoU with the GOB to undertake similar activities in Khulna City Corporation through FPAB and Banophul-managed clinics beginning October 2000. The GOB program utilizes a direct observed treatment short course (DOTS) strategy. UFHP is assisting the GOB in carrying out its TB program in both Chittagong and Khulna through providing routine default tracing and domiciliary DOT on an emergency basis in the City Corporation wards which are UFHP catchment areas. The MoUs between the GOB and UFHP assign responsibility for following TB cases in UFHP wards to UFHP. In addition, UFHP established two lab facilities for TB smear screening in Chittagong and 3 in Khulna. Per the MoUs, and GOB policy, UFHP may charge only a Tk 5 registration fee to undiagnosed TB patients, providing ongoing treatment free of charge once the diagnosis is made. UFHP will follow NTP mandated patient categorization, treatment regimens and reporting systems. The Chittagong and Khulna City Corporations supply necessary drugs, laboratory material, forms and registered to UFHP clinics implementing the NTP.
- ◆ **IS reporting:** UFHP provided technical assistance to the GOB on performance monitoring and reporting at the local level. UFHP shared our NGO Performance Analysis Report and

other data collection tools with GOB officials and provided training and support in developing a local level reporting capability.

- ◆ Collaboration with GOB on IMCI: UFHP worked with representatives of the GOB to establish an IMCI program for UFHP clinics. After much negotiation, the GOB agreed to train UFHP representatives as part of their formal IMCI training program. UFHP is committed to replicating features of the IMCI into the UFHP clinic program to demonstrate the network's support for GOB priorities.

## **E. Collaborating with Partners**

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

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

- ◆ NIPHP Partners: UFHP is an active member of a number of collaborative working groups with our global partners. A partial list follows:
  - PRIME: UFHP is a member of the Training Management Group which meets quarterly to review training needs and issues. UFHP collaborated with PRIME in the initiation of its Safe Delivery Program and on the development of modules for PRIME's distance-based learning program.
  - QIP: UFHP was an active member of QIP's working group tasked with revising the QA checklist and developing a QMS. UFHP also collaborated with QIP to plan and conduct an Infection Prevention training program for all UFHP clinics.
  - IOCH: UFHP is member of a regular working group lead by IOCH to address EPI and other child health issues. UFHP and IOCH meet regularly to better coordinate EPI efforts in the municipalities where UFHP is in operation.
  - DELIVER: UFHP collaborates with DELIVER to conduct regional logistics training workshops for all UFHP clinics. UFHP and DELIVER share information on contraceptive stock levels in UFHP clinics.
  - SMC: UFHP works with SMC to ensure availability of SMC products in all of its clinics and in the implementation of its STI/HIV/AIDS project.

- UFHP Management Partnership: UFHP meets monthly with our three Management Partners – PSTC, CWFD and BCCP – to review strategies for working more collaboratively.
- ◆ Service Delivery Partnership: UFHP has sub-agreement partnerships with 24 local level NGOs for delivering ESP services at selected municipalities and city corporations. UFHP works closely with our service delivery partners. Each NGO is assigned a technical field support team with expertise in BCC, quality and management. The team visits the NGO and clinics to identify areas for improvement and works with the programs to make needed improvements. In addition, UFHP provides ongoing dissemination sessions and training programs to inform NGO and clinic staff of UFHP priorities and to build skills.
- ◆ Non-NIPHP Partners: UFHP works with a number of other partners directly or indirectly to strengthen urban services delivery. Among these partners are the following:
  - Urban Primary Health Care Project (UPHCP): UFHP meets regularly with UPHCP and is a member of their regional working groups to improve coordination between UFHP and UPHCP clinics at the local level.
  - WHO: UFHP collaborates with the WHO and the GOB to implement the NTP, providing TB services in Khulna, Chittagong, and Rajshahi.
  - FHI: UFHP is collaborating with FHI to develop a peer education curriculum on HIV/AIDS prevention, and to update the STI management skills of UFHP practitioners working with at-risk populations.
  - FOCUS: UFHP is working with FOCUS to produce a series of 4 booklets on ARH Frequently Asked Questions.
  - Save the Children, UK: UFHP's service delivery partner, Banophul, has begun implementing an adolescent reproductive health project with STC, UK funding.

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

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

- ◆ Long-Term Family Planning Methods: Demand for long-term family planning methods is low. A number of factors contribute to this low demand. First, there has been a paucity of long-term family planning promotional activities in Bangladesh over the last decade. Partly as a result of this, there are many misconceptions about long-term family planning methods among customers, and a relative lack of appreciation about the benefits that long-term family planning use can bring. Third, short-term family planning methods are non-invasive and require less up-front commitment from customers and are, therefore, more easily adopted and accepted. In the face of these challenges, it will become increasingly important to ensure that the GOB's LTFP institutional reimbursement policy is gradually phased out, as recommended by the NIPHP LTFP Advisory Committee in November 2000.

- ◆ **LTFP policy impact on clinic efficiency:** With greater emphasis on long-term sustainability, UFHP clinics must balance the competing interests of emphasizing long term family planning services as compared with operational efficiency. Productivity, cost-effectiveness and revenue generation are difficult to achieve when costlier long-term family planning practices are in place. Those services which generate the greatest revenues are not preventive but rather limited curative care and sick care. This conflict has implications for policy makers and should be considered to designing the ideal service delivery model and in setting project goals.
- ◆ **Contraceptive supply:** Supply of injectables remains a problem in a few locations. UFHP received some buffer stock from SMC (with USAID's assistance), and this has provided a short-term solution to this chronic problem. UFHP is continuously working with GOB officials both at national and local levels to ensure availability of contraceptive supplies.
- ◆ **EPI coverage and vaccine supply:** UFHP continues to have isolated problems in obtaining access to vaccine supplies. The problem stems from difficulties in negotiating with local GOB or municipal representatives who may or may not acknowledge UFHP as a helpful resource in extending coverage. Because of UFHP's fee-for-service policy, Civil Surgeons occasionally balk at issuing vaccines. Nationwide agreement on a pricing policy for vaccines does not exist, and while most areas accept the small UFHP charges as reasonable and appropriate, others demand free service. Still others (such as the Chittagong City Corporation) charge all service providers for vaccine supplies. To date, it seems that the pricing issue is mostly confined to MOHFW relationships, while the coverage issue is more focused on *pourashavas*, who often insist their staff can handle EPI coverage adequately without UFHP help. We have established a close working relationship with IOCH, and are hopeful that this will help us to improve the situation.
- ◆ **Promoting robust NGOs:** Further analysis is needed to determine the optimal size of the service delivery network to be sustainable. At present, NGOs vary in the number of clinics they operate from one to more than a dozen. Clearly, smaller service delivery networks are less cost-effective and are an indication of the NGOs inability to successfully provide ESP services to their community. UFHP must work with USAID to identify fewer, more robust NGOs to continue to contract with UFHP in future years.
- ◆ **Community support for NGOs:** As UFHP identifies fewer, more robust NGOs with whom to contract, it is particularly important that areas reassigned to more effective NGOs must be adequately served by the NGO. Historically, it has been difficult to promote local support for NGOs which are not indigenous to the region. UFHP needs to work with our successful NGOs to build a local presence in all communities they serve, not just their traditional service area.

## **G. Pipeline Analysis**

UFHP's project pipeline stood at \$5,001,634 of 30 September 2001. This pipeline includes USAID obligations totaling \$28,465,327 an amount intended to cover the period from project start-up to 30 June 2002 (see Attachment K).