

## Quarterly Progress Report

First Quarter, FY 2007

(October - December 2006)



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## NGO Service Delivery Program

### Quarterly Progress Report



First Quarter FY 2007  
October-December 2006

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## 1. The NSDP NGOs

BAMANEH

Bandhan

BMS

CAMS

CWFD

CRC

DIPSHIKHA ANIRBAN

Fair Foundation

FDSR

GKSS

IMAGE

JTS

Kanchan Samity

KAJUS

MALANCHA SEBA

MMKS

NISHKRITI

PKS

Proshanti

PSTC

PSF

PSKS

SGS

SHIMANTIK

SOPIRET

SSKS

SUPPS

SUS

Swanirvar

TILOTTAMA

UPGMS

VFWA

VPKA

## 2. List of Acronyms

|         |   |
|---------|---|
| ARH     | Adolescent Reproductive Health                                    |
| ARI     | Acute Respiratory Infection                                       |
| BAMANEH | Bangladesh Association for Maternal and Neonatal Health           |
| BCCP    | Bangladesh Center for Communication Programs                      |
| BMS     | Bangladesh Mohila Shangha   |
| C-IMCI  | Community Integrated Management of Childhood Illness              |
| CR      | Cost recovery   |
| CWFD    | Concerned Women for Family Development                            |
| CYP     | Couple Year Protection  |
| DGFP    | Director General of Family Planning                               |
| DGHS    | Director General of Health Services                               |
| DH      | Depot holder  |
| DOTS    | Directly Observed Treatment Short course                          |
| DPT     | Diphtheria, Pertussis, Tetanus                                    |
| DSF     | Demand Side Financing   |
| EC      | Executive Committee   |
| EPI     | Expanded Program of Immunization                                  |
| FDSR    | Family Development Services and Research                          |
| FP      | Family Planning   |
| GIS     | Geographical Information System                                   |
| GOB     | Government of Bangladesh  |
| HIV     | Human Immunodeficiency Virus                                      |
| HQ      | Headquarters  |
| HR      | Human Resource  |
| ICDDR,B | International Centre for Diarrhoeal Diseases Research, Bangladesh |
| IMCI    | Integrated Management of Childhood Illness                        |
| IPC     | Interpersonal Communication                                       |
| IUD     | Intra Uterine Device  |
| JTS     | Jatiya Tarun Shangha  |
| KAJUS   | Kalikapur Juba Shangsad   |
| M&E     | Monitoring and Evaluation   |
| MIS     | Management Information System                                     |
| MMKS    | Madaripur Mohila Kallyan Sangstha                                 |
| MOCAT   | Modified Organizational Capacity Assessment Tool                  |
| MOHFW   | Ministry of Health and Family Welfare                             |
| NIPHP   | National Integrated Population and Health Program                 |
| NSV     | Non-Scalpel Vasectomy   |
| PAC     | Post Abortion Care  |

|        |  |
|--------|--|
| PD     | Project Director                                   |
| PKS    | Paribar Kallyan Samity                             |
| PLTM   | Permanent and Long Term Method                     |
| PM     | Project Manager                                    |
| PNGO   | Partner NGO  |
| POT    | Program Operations Team                            |
| PRA    | Participatory Rapid Appraisal                      |
| PSF    | Polli Shishu Foundation                            |
| PSTC   | Population Services and Training Centre            |
| QI     | Quality Improvement                                |
| QMIS   | Quality Management Information System              |
| QMS    | Quality Monitoring and Supervision                 |
| RDF    | Revolving Drug Fund                                |
| RTI    | Research Triangle Institute                        |
| STI    | Sexually Transmitted Infection                     |
| SUS    | Samannita Unnayan Sangstha                         |
| TB     | Tuberculosis                                       |
| UNICEF | United Nations Children Fund                       |
| UPHCP  | Urban Primary Health Care Program                  |
| URC    | University Research Corporation                    |
| USAID  | United States Agency for International Development |



As the table above shows, clinic construction, safe delivery, emergency obstetric care, lab services, health care marts, and the performance-based reimbursement scheme were on schedule by the end of the last quarter. All 14 ambulances and 19 ultrasound equipment were purchased and delivered. Expansion of home delivery services was completed by the end of December.

NGOs have already purchased refrigerators for their labs and SBA kits for their paramedics providing home delivery for the remainder of NSDP. Purchases of rickshaws for home delivery and nebulizers are on hold. Quotations for ice-lined refrigerators for vaccine storage have been requested. Procurement of motorized rickshaws is behind schedule.

## **OBJECTIVE 1: EXPAND THE RANGE AND IMPROVE THE QUALITY OF THE ESSENTIAL SERVICES PACKAGE (ESP) PROVIDED BY NGOS AT THE CLINIC AND COMMUNITY LEVELS**

### **1. Workshop on Maternity Care: A Global, Evidence-Based Update**

NSDP organized a workshop on “Maternity Care: A Global, Evidence-Based Update” in Dhaka on December 6 for all clinical staff of NSDP, the Government of Bangladesh (GOB) and development partners, such as EngenderHealth, ICDDR,B, Obstetrical and Gynaecological Society of Bangladesh, White Ribbon Alliance, etc., and doctors from NSDP’s NGOs. Forty-six (46) participants attended the workshop. Representatives from USAID also participated. The workshop was facilitated by Dr. Martha Carlough, Safe Motherhood and Newborn Health Advisor to NSDP. The discussion topics were Postpartum Hemorrhage prevention and treatment, perineal care and episiotomy, and malaria in pregnancy.



### **2. Maternal Health workshop for NGO Managers**

A workshop on Maternal Health was organized on December 18 for NGO managers (Project Directors/Project Managers and Clinic Managers) and NSDP Regional Coordinators in Dhaka. Twenty-five (25) NGO managers and 6 Regional Coordinators were updated on NSDP’s maternal health program. Clinic managers were advised of their roles in monitoring Safe Delivery and Emergency Obstetric Care (EmOC), and in documenting and reporting maternal health interventions. NGO managers were also updated on critical areas of delivery care especially on Partograph, Active Management of Third Stage of Labor (AMTSL), newborn care, and resuscitation.

### **3. Smiling Sun Clinics Participate in 14<sup>th</sup> NID**

Bangladesh was on the verge of polio eradication. No polio cases were reported from August 2000 to February 2006. On March 08, 2006, one wild polio case from Chandpur district was

reported, and, during the 8 months to follow, another 16 cases from different districts were reported. Apparently, the polio virus was imported from neighboring India. To combat the outbreak, the Ministry of Health and Family Welfare (MOHFW) conducted four rounds of the 13<sup>th</sup> Special NID from April to August 2006. Circulation of the polio virus in Bangladesh continued following the 4<sup>th</sup> round of the 13<sup>th</sup> Special NID. To contain the chain of transmission of the wild polio virus, a 14<sup>th</sup> NID was conducted during November and December 2006. Smiling sun clinics nationwide participated in the campaigns in their catchments areas. During the 1<sup>st</sup> round, children under five were vaccinated by two drops of OPV, children one to five years received Vitamin A, and children two to five received anti-helminthic tablets. In the 2<sup>nd</sup> round all under-5 children received oral polio vaccine. National coverage of the 1<sup>st</sup> round was 97 % for OPV, 99 % for Vitamin A, and 92 % for albendazole (anti-helminthic). Approximately 2.5 million children were vaccinated with OPV, 1.7 Million were given Vitamin A, and 1.4 Million Albendazole at Smiling Sun clinics during the 1<sup>st</sup> round of the 14<sup>th</sup> NID. During the 2<sup>nd</sup> round, 2.45 million children were vaccinated with OPV at Smiling Sun Clinics.

#### 4. Smiling Sun Clinics Participate in NT Elimination Campaign

The Government of Bangladesh pledges to eliminate Neonatal Tetanus (NT) by the end of 2007. During November 5-16, the NT elimination campaign was conducted in selected high-risk areas. The high-risk areas were defined as any union or municipality ward which had reported at least one case of neonatal tetanus in the last year. So, 471 Unions of 151 Upazila in 51 districts, 14 municipalities and wards of 5 City Corporations (excluding Rajshahi) were selected as high-risk areas. The national target for TT vaccination was 3 million women of child bearing age (15-49 years).



Smiling Sun Clinics participated in the campaign in the selected high-risk areas in coordination with the GOB. Approximately, 200,000 women of reproductive age were vaccinated with TT in NSDP catchment areas.

#### 5. Child Health Campaign at Smiling Sun Clinics

To increase utilization and to promote child health services at all service delivery points, Smiling Sun Clinics observed a Special Child Health Campaign from December 9 to 14. The objectives were:

- To increase utilization of child health services and create awareness of other essential services
- To minimize EPI dropouts and increase immunization coverage
- Reposition Smiling Sun clinics as comprehensive service centers
- To generate awareness among family members and the community about the importance of growth monitoring for children.



Approximately 500,000 children visited Smiling Sun clinics to receive services during the campaign and about 400,000 parents/caretakers visited. EPI registration was updated in all the catchment areas.

## 6. Expansion of Community-IMCI

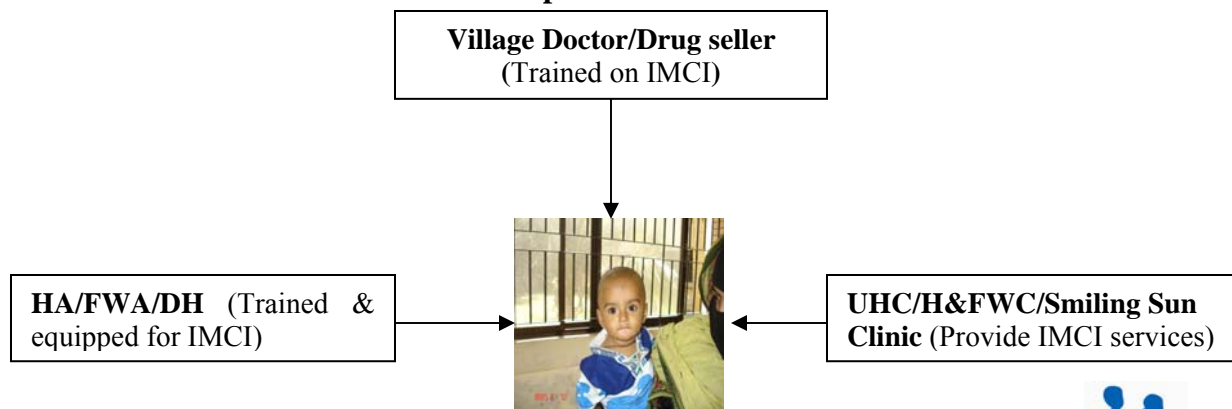
C-IMCI activities started in 57 more Smiling Sun clinics in the past quarter totaling 154 clinics or all NSDP's rural clinics. 2,485 Depot Holders received C-IMCI training and have been equipped with Pediatric Cotrimoxazole tablets and ORS to ensure Community Case Management (CCM) of pneumonia and diarrhea. 924,000 Tab. Pediatric Cotrimoxazole were purchased from EDCL and distributed to NGOs.

## 7. Implementation of Demonstrative Comprehensive Model of C-IMCI

Community-IMCI is one of the three components of IMCI that initiates, reinforces and sustains healthy practices of families and communities important to children's survival, growth, and development. The household and community component of IMCI is defined as an integrated child care approach, which improves key care practices likely to have the greatest impact on child survival, growth, and development. The comprehensive model of C-IMCI encompasses, equips and links all levels of service providers in a given area, thus forming an effective partnership between GOB facilities and workers, Village Doctors, Smiling Sun clinics, and community workers.

NSDP's Demonstrative Comprehensive Model of C-IMCI, in coordination with the GOB, has been established in Shahjadpur Upazila of Sirajgonj District. 40 Health Assistants/Family Welfare Assistants of the GOB received C-IMCI training following basic health worker training, and were equipped with ARI timer, Tab. Paed. Cotrimoxazole and ORS to ensure field-level services for under-5 children suffering from pneumonia and diarrhea. 75 Village Doctors received C-IMCI training for proper management of under-5 sick children. Village Doctors were also trained on the misuse of drugs, especially antibiotics and potentially harmful treatments. Thirty-seven (37) Depot Holders of Shahjadpur Smiling Sun Clinics already received C-IMCI and have a sustainable supply of Tab. Paed. Cotrimoxazole and ORS for community case management (CCM) of pneumonia and diarrhea, which have been identified as major killer diseases of under-5 children. The model is diagrammed below.

### Demonstrative Comprehensive Model for C-IMCI



## 8. Village Doctor training on C-IMCI

Sixty (60) Village Doctors were also trained on C-IMCI in Bhairab, Chhagalnaiya and Debigonj upazilas. NSDP also provided the Village Doctors with ARI timers to count the respiratory rate of under-5 children and classify pneumonia cases properly.

## 9. NSDP-FHI partnership: Collaboration in New Areas

NSDP and FHI signed a letter of agreement on November 21, 2006 to formally recognize, strengthen, and expand our collaboration to integrate HIV-AIDS services with NSDP primary health care. Both parties agreed to work together in TB, STI, and HIV programming.

### **Objectives of the agreement:**

- To strengthen STI treatment for partners of female and male prostitutes
- To address general health needs of most high-risk groups served by BAP
- To address TB screening needs of most high-risk groups served by BAP
- To address issues related to TB and HIV
- To address the training needs of service providers of NSDP-supported NGO clinics for STI clinical management

### **Proposed activities**

#### • **Partner treatment:**

FHI-supported IHCs will refer partners of female and male prostitutes to local NSDP clinics and will collaborate and follow-up with those clinics for monitoring effective referral and partner treatment.

#### • **General health services at NSDP NGO clinics:**

In general, most groups served under BAP will be referred to local NSDP clinics to address their general health needs.

#### • **General health satellite services at BAP IHCs for street-based prostitutes and their children:**

In addition to the provision for general health services at NGO clinics, NSDP NGOs will also provide high-quality general health care services to street-based prostitutes (SBP) and their children at the BAP-supported integrated health centers (IHCs) as their satellite.

#### • **TB screening:**

Where possible NSDP TB clinics will extend TB screening services at BAP-supported IHCs, especially to the IHCs providing services to IDUs.

#### • **HIV Counseling and Testing at TB clinics:**

With assistance from FHI, NSDP will set up HIV counseling and testing services with rapid test kits at four NSDP partner NGOs' TB clinics on a pilot basis. HIV counseling and testing services can be routinely offered to patients who are tested sputum positive for TB. People tested positive

for both TB and HIV will be linked to PHA peer support groups to get their health and psychosocial needs addressed.

- **STI clinical management training for NSDP service providers:**

FHI will organize STI clinical management training for service providers (physicians) from NSDP partner NGOs. FHI will also train paramedics of NSDP partner NGOs in STI clinical management with an adapted curriculum.

## 10. World AIDS Day 2006 Observed

December 1 is celebrated around the globe as World AIDS Day. Bangladesh observed the day with great fanfare. This year the theme of the day was “**Stop AIDS: Keep the Promise.**” Elaborate programs were designed by National AIDS STD Program (NASP), Ministry of Health and Family Welfare, to observe the day.



Carom competition among the barbers

As in previous years, NSDP NGOs took part in the day’s activities of national rallies, seminars and



Rally organized by Khulna Civil Surgeon’s Office

workshops. 33 NGOs also undertook various special programs at 317 Smiling Sun clinics and catchment areas to commemorate the day. Discussions with high-risk groups, round tables, group meetings, and seminars in which local community people, clinic clients, rickshaw pullers, truck drivers, day laborers, journalists, ansar battalions, community local leaders, and religious leaders participated. Because the day was Friday, the day of Jumma prayer, Imams rendered sermons on HIV/AIDS at local mosques during prayer.

## 11. Expansion of TB Microscopy Services in Smiling Sun Clinics:

TB microscopy has been added to DOTS services at 11 Smiling Sun clinics. NSDP NGOs had 18 microscopy centers, after these additions the number rises to 29. This new service will contribute to increasing case detection rates and help reach the global target of an 85% detection rate. The National Tuberculosis Control program (NTP) has marked Pahartoli clinic of the NGO, Nishkriti, as a potential center to start TB services so it supplied a microscope. Nishkriti will soon add TB services at the clinic.

## 12. Ensuring Quality of TB Microscopy Service:

National Tuberculosis Control Program (NTP) with assistance from WHO Organized a TOT on AFB Microscopy Laboratory Supervision. This training was held December 17-21, 2006 at BRAC center, Dhaka. Consultants from District and Divisional Chest Hospitals, WHO Consultants, Directors of Shyamoli and Chankharpul TB Hospital, Professor of National Institute

for Chest Disease and Hospital (NICDH), and Managers and Coordinators of the TB program from NTP partner NGOs took part in that training. Two research fellows, Dr. Armand Van Deun from the International Union Against Lung and Tuberculosis Disease (IUALTD) and Dr. Pawan Angra from the Centers for Disease Control (CDC) USA, conducted the training.

### 13. Human Resources Information System (HRIS)

HRIS has been developed to enable NGO management to make data-driven decisions for human resource planning, policy making and management by strengthening the capacity to quickly aggregate, analyze and use training- and skills-related data. Using the system, decision makers can quickly find the answers to personnel problems and plan effective interventions and evaluate outcomes.

As a part of the system's development, a 2<sup>nd</sup> round of User Acceptance Testing (UAT) of the HRIS was done. A "Query Tool" was developed to enable more reliable data searches from the database. Seven selected NGO MIS Officers from Swanirvar, JTS, PSTC, BAMANEH, Fair Foundation, Image, and SSKS were trained on the newly developed HRIS now deployed at 4 Dhaka-based NGOs.



### 14. PLTM Counseling Training for Service Providers in Selected Areas

Contraceptive method mix, which is skewed towards pills and injectables, has been a matter of concern to the GOB and NSDP. Accordingly, NSDP has taken a number of steps to increase the contribution of PLTM in the method mix, which is expected to make couples' contraceptive use more effective. The first step is to strengthen providers' PLTM counseling skills and ensure that counseling is a function, not only limited to the counselor, but to all service providers in a clinic.

To maximize returns, NSDP planned for phased-in implementation of PLTM counseling training, beginning with clinics of the stronger NGOs in the higher performing areas. The assumption is that, the demand for PLTM (IUD, Norplant, NSV and tubectomy) is higher in areas where the demand for a small family is higher. Accordingly, in the last quarter we have trained a total of 331 service providers (doctors, paramedics, counselors, clinic aides) from 67 Smiling Sun clinics of 7 NGOs in Rangpur, Rajshahi, Khulna and Jessore regions.



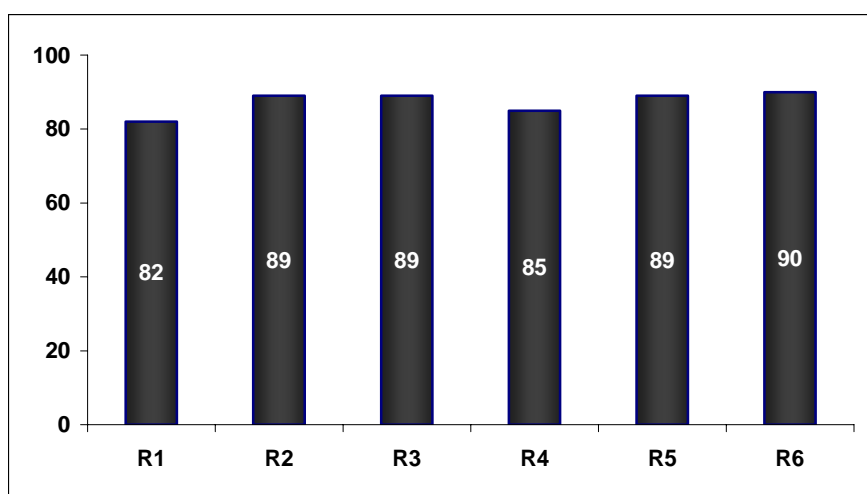
The training was designed to emphasize skills enhancement through participatory exercises. We adopted the REDI approach to counseling, because REDI focuses on customers' reproductive goals and helps providers move through the continuum of care to method acceptance. The training also focused on the Tiahr Amendment and its relevance to PLTM counseling. NSDP

also distributed job aids to support the counseling process, including PLTM Missed Opportunity Flow Chart, WHO Contraceptive Effectiveness Chart, and FP Kitbox.

### 15. Waste Disposal Practice Strengthened at Smiling Sun Clinics

Correct disposal of biomedical waste is essential for control of infection among providers, customers, and people in the community. NSDP has continuously provided guidance and support in this regard to the NGOs and clinics so that they maintain infection prevention practice and waste disposal as per the standards. Their prevention practices are reflected by the bi-annual Quality Monitoring and Supervision (QMS) scores that have demonstrated overall improvement since 2003.

#### Waste Disposal Scores by QMS Round (since April 2004)



Given the implications and importance of safe waste disposal at Smiling Sun clinics, and given that a wider range of services are now being provided, especially safe delivery, EmOC, and laboratory services, NSDP undertook a special drive in this reporting quarter to improve infection prevention and waste

disposal practice. Specific activities included distributing updated materials, such as an Infection Prevention Brief and Log, and a Laboratory Operational Guideline, which provides information on disposal of laboratory waste. NSDP QI staff also conducted special sessions on quality of care and waste disposal at the Laboratory Technicians’ training organized by the HCDP of Diabetic Association, Bangladesh. A total of 75 laboratory technicians were trained during this reporting period.

### 16. Laboratory Technicians’ Certificate Course Completed

Laboratory service is an integral support function for the smooth implementation of ESD. NSDP conducted a needs assessment of the training status of laboratory technicians in the Smiling Sun network. It was found that a large number of laboratory technicians in the network did not have any Diploma in laboratory technology.



To standardize lab technicians’ skills across the Smiling Sun network, NSDP facilitated a month-long Short Certificate Course on Laboratory Services for technicians who did not have a Diploma. The course was tailor-made for Smiling Sun clinics by

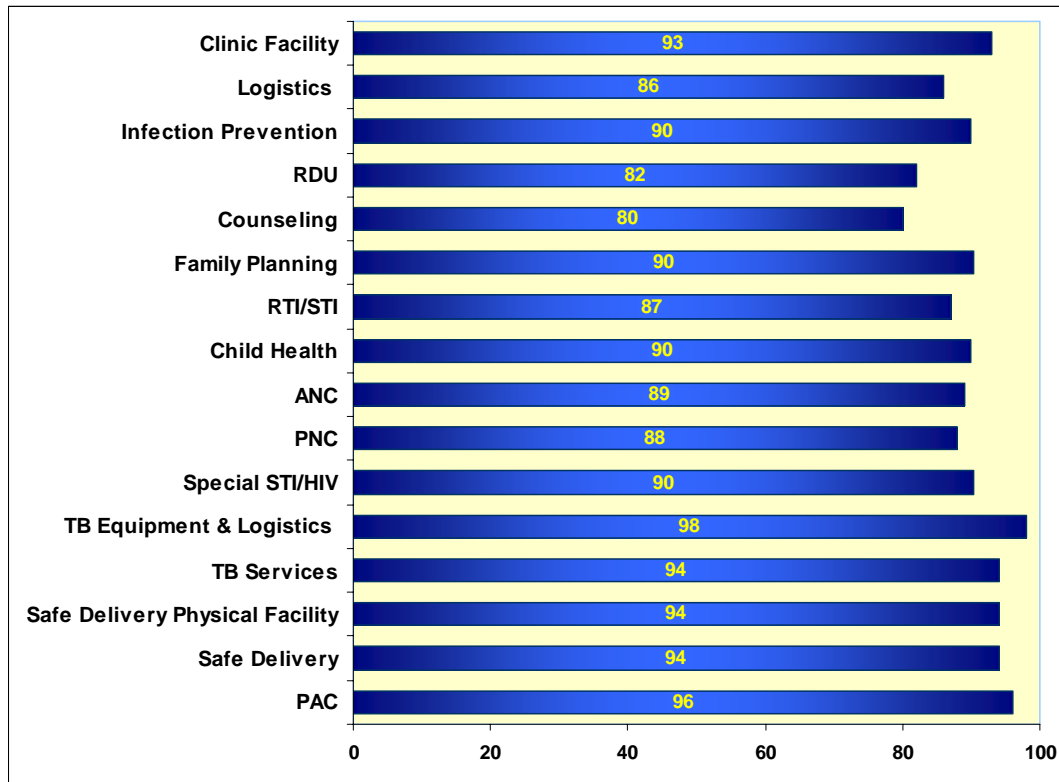
the Health Care Development Project, an enterprise of the Diabetic Association of Bangladesh, in collaboration with the NSDP Quality Improvement staff. A Laboratory Operations Manual was also developed.

NSDP should encourage the phasing out of Colorimeters in laboratories and phasing in of Auto-analyzers, to increase effectiveness and efficiency of laboratory services.

### 17. QMS Scores

Since September 2003, NSDP NGOs have completed 6 Rounds of Quality Monitoring and Supervision. The overall composite score for quality of care in the last completed Round was 85 percent. Quality of care, in general, has improved over time. Service specific scores are shown below.

#### Provider Skills in Key ESD Areas from Round 6



### 18. NGO Managers Become QMS Mentors

As the part of our NGO mentoring plan, NDSP identified a core team of four potential QMS mentors who would be most suitable for transferring the skill for ensuring and monitoring quality of care in the Smiling Sun network. In this reporting quarter, the team worked intensively with NSDP’s QI team to become fully oriented on the concepts of quality of care and supportive supervision and function as



TOTs. The vision is to transfer the technology for TA related to QMS, so that the mentors become technical resource persons that other NGOs can draw upon for further QMS training/orientation.

The QMS mentors conducted their first QMS training in Dhaka, under NSDP's supervision, in October 2006. A total of 63 clinic and NGO managers were trained in two batches.

### **19. MOU signed with pharmaceutical companies**

NSDP renewed MOUs with only six of ten pharmaceutical companies to get essential drugs at special institutional rates for Smiling Sun clinics. The six companies represent the largest and most reliable suppliers and distributors, which sell the widest range of essential drugs. NGO clinics may continue procuring essential drugs at special institutional rates under the MOUs until September 30, 2008.

### **20. NSDP and SHOUHARDO sign a MOU**

NSDP and CARE's SHOUHARDO Program signed a MOU on November 23, 2006 to offer a comprehensive package of maternal and child health and nutrition services to the poorest and most vulnerable women and children. SHOUHARDO's 48 local NGOs provide services to women and children living in the most poverty stricken areas and remote *chars*, *haors* and coastal areas, and urban slums. The Program covers 130 urban slums and 2,000 villages. Its food aid distribution component provides supplementary nutrition to pregnant and lactating women, and its food for work program targets the poorest households in remote and needy areas. The collaboration between NSDP and SHOUHARDO will lead to more pregnant and lactating women receiving antenatal care, safe delivery services, and postnatal care, and newborns and infants receiving checkups, immunizations and IMCI services throughout our shared catchment areas nationwide.

### **21. EPI services expanded in Peri-urban areas**



NSDP extended EPI services in 21 peri-urban areas to an additional 33 peri-urban areas surrounding Dhaka City Corporation on November 2, 2006 at the government's request. NSDP-supported NGOs, PSTC and CWFD, are covering these areas by organizing additional satellite sessions and by participating in national events.

### **22. NGO Coordination meeting:**

NSDP held its NGO Coordination Meeting in two batches in December. NGO Project Directors, Project Managers, MIS Officers and Finance and Administration Managers participated in the meeting. Dr. Bareque, Director of Planning and (SWPM&LLP) conducted a session. The meeting focused on serving the poorest of the poor customers, unmet needs for health and family planning services, and improving PLTM performance.

**OBJECTIVE 2: INCREASE THE USE OF THE ESSENTIAL SERVICES PACKAGE, ESPECIALLY BY THE POOR**

**1. Screening of cinema ad**

NSDP began screening of Smiling Sun TV ads on PLTM, Child Health, and Maternal Health, converted to 35mm film, in nearby cinema halls of clinic catchments areas for 1 month duration in two phases. Each ad is 1 minute and is screened once at the beginning of each movie in the cinema hall and shown 3 times per day. Cinema halls were chosen from catchment areas based on proximity to Smiling Sun clinics.

**2. Billboard re-wrapping**

NSDP is continuing to promote health messages through billboards at 100 strategic sites nationwide. Fifty (50) billboards were re-wrapped with new messages on NSV, PNC, IUD and home delivery during the past quarter.



**3. News feature in Prothom Alo**

During this reporting period, the daily newspaper, Prothom Alo, reported on IMCI at Smiling Sun clinics. The IMCI report is the 5<sup>th</sup> of 18 reports to be published. The report covered various aspects of IMCI, including the range of IMCI services offered at Smiling Sun clinics.

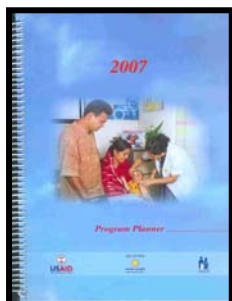


**4. BCC materials for Clinics**

At the request of NGOs for BCC materials, NSDP reprinted materials aimed at increasing customer volume at clinics and community outreach sites. Among the BCC materials redistributed, the TIAHRT poster, family planning poster, NSV poster, NSV brochure and clinic promotional leaflet, are noteworthy.



**5. Program Planner**



The NSDP yearly program planner was printed and distributed to NGOs, clinics, government officials and other stakeholders. It provides information on NSDP, as well as health messages.

## 6. Street Drama script developed for the NGOs

As a part of local-level BCC Campaign, NSDP employed an Enter-Educate (EE) approach by developing five street drama scripts. The dramas focus on health services, such as ANC, PNC, ARI, EPI, and PLTM. Each drama is furnished with information on the topic to attract a variety of people from urban and rural backgrounds, and describe other health services offered at Smiling Sun clinics. There is a fact-pack at the end of every drama in which some key issues are addressed.

## 7. Music video

A motivational video of songs on 8 health topics sung by four eminent singers was developed to promote health services at Smiling Sun clinics. The 8 songs cover ANC, Safe delivery, PNC, EPI, ARI treatment, permanent and long-term methods of contraception, and tuberculosis treatment. The video will be shown in clinics waiting rooms, in the communities, and at satellite clinic spots.

## 8. Scaling-up dual protection program among rickshaw pullers

NSDP in collaboration with Population Council piloted the intervention titled - “Increasing dual protection among rickshaw pullers” last year and with encouraging results. During the past quarter, the collaborative effort was scaled up to 35 clinics of 5 NGOs based on several criteria. NGO management and field staff were oriented, 75 Community Educators (one per clinic) were recruited and trained at regional levels in 5 batches over 5 days. Immediately following training, implementation began to increase use of modern contraceptive methods, especially among rickshaw pullers, increase knowledge about safe sex, STIs, HIV/AIDS, and increase correct and consistent use of condoms for preventing pregnancy as well as infections.



## OBJECTIVE 3: INCREASE THE CAPACITY OF NGOS TO SUSTAIN CLINIC AND COMMUNITY SERVICE PROVISION

### 1. New service expansion

During the last quarter, 23 NGOs have implemented the following new income-generating services, intended to boost their cost recovery rates and enhance financial sustainability.

- Safe delivery in 11 clinics
- EmOC services in 12 clinics
- Laboratory services in 48 clinics



- Health Care Marts in 34 clinics
- Pharmacies in 23 clinics
- Specialist Physician services in 20 clinics
- Ambulance services in 14 EmOC clinics
- Ultra-sonogram services in 19 clinics
- Home delivery in 25 clinics' catchment areas

It is expected that implementing these new services will increase the number of customers visiting clinics, service utilization rates, and clinic cost recovery rates. Results to be presented in the next quarter will provide information on the successes of this initiative, and will identify areas for further improvement. Initial anecdotal evidence suggests that the introduction of laboratory services and emergency obstetric care have resulted in the most significant increases in revenue.

## 2. Chevron to fund new Primary Health Care clinic in Moulvibazar

The NSDP NGO, Sylhet Samaj Kalyan Sangtha (SSKS) has signed another agreement with Chevron, Bangladesh to establish a new primary health care clinic near Chevron's Moulvibazar Natural Gas Field in Kalapur union of Srimangal Upazila under Moulvibazar District in northeastern Bangladesh. Under the agreement, Chevron, Bangladesh will financially support SSKS for 3 years to setup and operate a Smiling Sun Clinic. This clinic is the second Chevron supported Smiling Sun clinic. There will be two satellite clinic teams in the area. The satellite clinic teams will cover 24 satellite spots every month. The static and satellite clinics will provide primary health care services and pathological services to a population of 37,000. NSDP's partnership with Chevron, Bangladesh represents a public-private alliance which has leveraged new private resources to the health sector, and which brings services to hard-to-reach populations in rural areas, addressing unmet need.



## 3. NGO clinic building construction

To ensure long-term institutional sustainability of the Smiling Sun network of clinics, NSDP is building 15 clinics during a second phase of construction. A total of 24 clinics will be built by the project's end. By owning their own clinic buildings, NSDP NGOs will possess new equity and assets to advance their long-term institutional and financial sustainability. NSDP tracks the clinic construction work by monitoring the following 20 milestones, all of which are currently progressing according to schedule (PSTC's construction has been extended through March). A complete status report of clinic construction progress is provided below:

| NSDP CLINIC CONSTRUCTION STATUS REPORT |  |     |      |      |       |      |       |  |         |             |             |             |               |           |         |      |
|--|--|-----|------|------|-------|------|-------|--|---------|-------------|-------------|-------------|---------------|-----------|---------|------|
| As on December 31, 2006                |  |     |      |      |       |      |       |  |         |             |             |             |               |           |         |      |
| Serial No                              | Construction Milestone Activities      | BMS | CAMS | PSKS | IMAGE | PSTC | UPGMS | GKSS                                     | Kanchan | SWV Bhuapur | SWV Delduar | SWVDhanbari | SWV Lal Mohan | Shimantik | SOPIRET | VPKA |
|  | Clinic Type                            | A   | A    | A    | A'    | A'   | B'    | D  | D       | D           | D           | D           | D             | E         | E       | E    |
|  | Clinic #                               | 1   | 2    | 3    | 4     | 5    | 6     | 7  | 8       | 10          | 9           | 11          | 12            | 13        | 14      | 15   |
| 1                                      | Excavation                             | √   | √    | √    | √     | √    | √     | √  | √       | √           | √           | √           | √             | √         | √       | √    |
| 2                                      | Foundation casting                     | √   | √    | √    | √     | √    | √     | √  | √       | √           | √           | √           | √             | √         | √       | √    |
| 3                                      | Grade beams to plinth level            | √   | √    | √    | √     | →    | √     | √  | √       | √           | √           | √           | √             | √         | √       | √    |
| 4                                      | Column fabrication & casting           | √   | √    | √    | √     | →    | √     | √  | √       | √           | √           | √           | √             | √         | √       | √    |
| 5                                      | Roof beam and slab cast                | √   | √    | √    | √     |      | √     | √  | √       | √           | √           | √           | √             | √         | √       | √    |
| 6                                      | Brick work-ground floor                | →   | →    | →    | →     |      |       | →  |         | →           |             |             |               |           |         | →    |
| 7                                      | Staircase                              | √   | √    | √    | √     |      | √     | √  | √       | √           | √           | √           | √             | √         | √       | √    |
| 8                                      | Plaster work-ground floor              |     |      |      |       |      |       |  |         |             |             |             |               |           |         |      |
| 9                                      | 1 <sup>st</sup> fl. Column casting     | √   | √    | √    | √     | √    | √     | NOT APPLICABLE FOR SINGLE STORED CLINICS |         |             |             |             |               |           |         |      |
| 10                                     | 1 <sup>st</sup> fl. beam and slab cast | √   | √    | √    | √     | √    | √     |  |         |             |             |             |               |           |         |      |
| 11                                     | 1 <sup>st</sup> floor Brick works      |     |      |      |       |      |       |  |         |             |             |             |               |           |         |      |
| 12                                     | 1 <sup>st</sup> fl. Plaster work       |     |      |      |       |      |       |  |         |             |             |             |               |           |         |      |
| 13                                     | Sanitary/plumbing work                 |     |      |      |       |      |       |  |         |             |             |             |               |           |         |      |
| 14                                     | Septic tank construction               | √   | √    | √    |       |      |       | √  | √       | √           | √           |             |               | √         |         | √    |
| 15                                     | Electrical work                        |     |      |      |       |      |       |  |         |             |             |             |               |           |         |      |
| 16                                     | Floor finishing                        |     |      |      |       |      |       |  |         |             |             |             |               |           |         |      |

#### 4. Succession planning workshop

NSDP organized a “Succession Planning Workshop” for 7 NGOs in Dhaka on December 17, 2006 to assist the NGOs in designing appropriate succession plans for senior leaders within their organizations. Three renowned leaders from successful NGOs presented their experiences to the 7 NGOs’ Executive Committees and management.



Fifty one individuals participated from CWFD, Kanchan Samity, BAMANEH, PKS, SSKS, Fair Foundation and Swanirvar Bangladesh. The three best practices on leadership succession were

presented by Mr. Fazle Hasan Abed, Chairman, BRAC, Mr. Kazi Fazlur Rahman, Chairman, Radda MCH-FP Centre, and Commander (Retd.) Abdur Rouf, Policy Advisor, PSTC. Additionally, a hands-on leadership succession exercise was conducted by Ms. Andrea Camoens from EMG Headquarters.

Each NGO participated in the workshop agreed to submit a NGO leadership succession plan with timeline by January 2007.

## 5. Final MOCAT assessment of NGOs

The final MOCAT assessment was launched during this past quarter. The MOCAT survey was contracted out to ACNielsen Bangladesh Ltd. in order to provide an external and impartial perspective. A 2-day orientation on the MOCAT assessment and survey was given to 9 core staff of ACNielsen. The survey team also oriented in MOCAT scoring and report writing followed by templates. The assessment tool and methodology were piloted at 2 NGOs (PSTC and JTS). During the quarter, 12 NGO MOCAT field assessments were completed and 4 reports finalized. The MOCAT assessment has helped provide NSDP with a foundation to develop appropriate technical assistance for NGOs over the life of the project. Additionally, in this final phase of the project, the MOCAT will provide data to help measure overall NGO progress in specific technical areas related to institutional, programmatic, and financial sustainability. The MOCAT assessments have encountered some delays due to restrictions in travel during the recent political situation, and adjustments have been made to ensure that the work does not fall significantly behind schedule.

## 6. Distribution of staff bonuses for the 1<sup>st</sup> quarter

NSDP, with the assistance from the respective NGOs, has completed the performance assessment and bonus calculations for first-quarter implementation of the Performance-Based Reimbursement Scheme (PBRs). The results show that PBRs has increased the number of poorest of the poor customers served and increased cost recovery rates of most of the clinics.

| NGO name            | Number of poorest of the poor eligible couples (ELCO) identified |            |          | Number of poorest of the poor health benefit cards distributed |            |   |
|---------------------|--|------------|----------|--|------------|---|
|                     | Baseline   | Quarter 1  |          | Baseline   | Quarter 1  |   |
|                     | Jul05-Jun06  | Jul-Sep06  | % change | Jul05-Jun06  | Jul-Sep06  | % of poorest of the poor eligible couples (ELCO) given health benefit cards |
| RURAL total         | 113,161.00   | 87,851.00  | 13.16    | 66,595.00  | 82,385.00  | 24.68   |
| URBAN total         | 27,111.00  | 27,458.00  | 19.07    | 18,929.00  | 22,642.00  | 23.65   |
| All (14) NGOs total | 140,272.00   | 115,309.00 | 14.30    | 85,524.00  | 105,027.00 | 24.45   |

| NGO name            | Number of poorest of the poor customer served |           |          | Cost Recovery rate |           |          |
|---------------------|---|-----------|----------|--------------------|-----------|----------|
|                     | Baseline                                      | Quarter 1 |          | Baseline           | Quarter 1 |          |
|                     | Jul05-Jun06                                   | Jul-Sep06 | % change | Jul05-Jun06        | Jul-Sep06 | % change |
| RURAL total         | 90,171.00                                     | 48,774.00 | 7.27     | 18.00              | 20.00     | 21.53    |
| URBAN total         | 42,891.00                                     | 20,192.00 | 5.52     | 20.00              | 25.00     | 25.00    |
| All (14) NGOs total | 133,062.00                                    | 68,966.00 | 6.71     | 19.00              | 23.00     | 24.01    |

| NGO name            | Number of total customers |              |          | Number of paying (non-poor) customers |              |          |
|---------------------|---------------------------|--------------|----------|---------------------------------------|--------------|----------|
|                     | Baseline                  | Quarter 1    |          | Baseline                              | Quarter 1    |          |
|                     | Jul05-Jun06               | Jul-Sep06    | % change | Jul05-Jun06                           | Jul-Sep06    | % change |
| RURAL total         | 10,855,458.00             | 2,897,705.00 | 0.42     | 8,147,222.00                          | 2,115,545.00 | 0.24     |
| URBAN total         | 3,128,161.00              | 744,072.00   | (0.30)   | 3,255,368.00                          | 803,112.00   | (0.08)   |
| All (14) NGOs total | 13,983,619.00             | 3,641,777.00 | 0.26     | 11,402,590.00                         | 2,918,657.00 | 0.15     |

| NGO name            | Number of poor customers (including poorest of the poor) |            |          | Number of poorest of the poor customers given free medicine, commodities or lab tests |           |          |
|---------------------|--|------------|----------|---|-----------|----------|
|                     | Baseline   | Quarter 1  |          | Baseline  | Quarter 1 |          |
|                     | Jul05-Jun06  | Jul-Sep06  | % change | Jul05-Jun06   | Jul-Sep06 | % change |
| RURAL total         | 1,095,317.00   | 338,124.00 | 1.47     | 57,124.00   | 29,838.00 | 6.81     |
| URBAN total         | 1,102,642.00   | 284,671.00 | 0.20     | 22,678.00   | 12,997.00 | 8.08     |
| All (14) NGOs total | 2,197,959.00   | 622,795.00 | 0.83     | 79,802.00   | 42,835.00 | 7.17     |

In accordance with the rules of PBRS, only those clinics that generate more revenues and serve the poorest with free medicines are eligible for the bonus. NSDP has awarded all health providers and NGO HQ staff (excluding the Depot Holders) of 166 clinics (84% of 198) as recognition of their effort in recruiting and serving all types of customers, including the poorest of the poor.

For all the 166 clinics that are eligible for bonus payments the range of bonus per clinic provider is 0.48 taka to 2,075.15 taka, and the average is 366.72 taka.

Thirty-two (32) clinics of 198 clinics did not meet the criteria for a bonus award. The reasons for disqualification were (i) revenue earned during the 1<sup>st</sup> quarter (Jul-Sept06) was not greater than the baseline period (Jul05-Jun06); or (ii) poorest of the poor have not been served; or (iii) poorest of the poor that were served were not given medicines for free.

NSDP recommended that NGOs provide extra assistance to those clinics, which either did not meet the criteria for bonus payments or received low bonus payments during 1<sup>st</sup> quarter.

## 7. Rational pricing

NSDP has collected historical price information of all the NGOs. The impact of price changes on cost recovery and customer volume will be done in the next quarter.

## **8. Serving the poorest of the poor**

Identifying more of the poorest, distributing health benefit cards (HBC) for the poorest, and improving access to services for the poorest are being re-emphasized by NSDP. As of November 2006, the rural NGOs had identified 6.75% of ELCOs as the poorest, compared to 4.04% in urban NGOs. During the same period, about 1% of all customers served in Smiling Sun clinics were the poorest holding HBCs in rural NGOs, compared to 1.37% in urban NGOs. Although the number of poorest of the poor served among all customers is still low, about 59% of the poorest of the poor served in rural areas and 63% in urban areas received free medicines and lab tests.

## **9. Health Benefit Cards for the paying customers**

94% of the clinics are selling HBCs to the paying customers (as of November 2006) compared to 89% of the clinics during the previous quarter last year. Sales of HBCs to the poorest have increased over the past 2 quarters from 1.6% of ELCOs in rural and 2.7% of ELCOs in urban areas, to 2.0% of ELCOs in rural and 3.4% of ELCOs in urban areas.

## **OBJECTIVE 4: INFLUENCE POLICY, IN COORDINATION WITH OTHER DONORS, TO EXPAND THE ROLE OF NGOS AS PROVIDERS OF THE ESP**

### **1. GOB approves NSDP annual work plan, 2007**

The Corporate Steering Group (CSG) for the USAID funded National Integrated Population & Health Program (NIPHP) met on December 6, 2006. The Group deliberated on NSDP's proposed work plan for 2007. The CSG recognized the improved coordination with GOB and emphasized continued cooperation between government agencies and NGOs to facilitate policy dialogue and maximize resource utilization for ESP delivery. The work plan was approved. Earlier on October 18, 2006, the NIPHP Working Group for NSDP headed by the Director General of Family Planning recommended NSDP's draft work plan for approval to the Corporate Steering Group of NIPHP.

### **2. DGHS instructs field staff to extend all-out cooperation to NSDP**

The Director General of Health Services (DGHS) issued an Office Order to all its field offices on November 22, 2006 urging the staff to provide all-out cooperation to NSDP for implementation of NSDP's program. The Order was necessary to beef up the sagging support of DGHS field staff in NSDP's immunization program. The DG instructed his staff to maintain regular supply of vaccines and related commodities for uninterrupted EPI services by the NSDP NGOs from their 317 Smiling Sun clinics and satellites.

## ANALYSIS OF SERVICE STATISTICS

### 1. NGOs enhance their MISs and improve program management

All NSDP regional staff have been oriented to the revised NSDP MIS and are providing TA to the NGOs. The revised NSDP MIS database was successfully installed in all NGOs. Currently, NGOs are using the revised database more efficiently and ensuring the quality of MIS data and improving program management using its powerful new features. In addition, a revised MIS data verification tool has been used by NSDP regional staff at clinics to help validate data quality. All NGO Project Directors, MIS Officers, and NSDP regional staff have been advised on the 2005 MEASURE survey results, as well as the MIS data, to better understand coverage patterns. NGOs are able to analyze monthly stock status of contraceptives and help advise local governments and other partners on regular basis.

### 2. Achievements in first quarter compared to projection for FY 2007

Smiling Sun providers made about 7 million service contacts in the first quarter of FY 2007. However, the project could not meet most of the projections because of critical shortages and stockouts, the many blockades and hartals, and general political unrest.

**Table 1: NSDP Achievements Relative to Goals**

| Indicator   | FY06        |            | Projection for FY07 | Achievements in Q1 of FY07 | Achievements in Q1 of FY07 compared to projection for FY07 |
|---|-------------|------------|---------------------|----------------------------|--|
|   | Achievement | % Achieved |                     |                            |  |
| Total service-contacts (million)                  | 28.224      | 97         | 30.500              | 6.915                      | 23   |
| CYP ((million)                                    | 1.305       | 98         | 1.400               | 0.277                      | 20   |
| CYP for non-clinical contraception (million)      | 1.256       | 101        | 1.300               | 0.269                      | 21   |
| # of children who received DPT1 (million)         | 0.332       | -          | 0.360               | 0.08                       | 22   |
| # of children immunized against measles (million) | 0.32        | 93         | 0.350               | 0.075                      | 21   |
| # of children treated for pneumonia (million)     | 0.157       | 84         | 0.190               | 0.037                      | 19   |
| # of TT2+ dosed given to pregnant women (million) | 0.586       | -          | 0.500               | 0.084                      | 17   |
| # of ANC3+ visits (million)                       | 0.453       | -          | 0.500               | 0.117                      | 23   |
| # of confirmed TB cases managed                   | 3930        | 96         | 4,000               | 1011                       | 25   |
| % of clients who are poor                         | 18          | 86         | 23                  | 24                         | 104  |
| % of cost recovery                                | 20          | 74         | 22                  | 18                         | 82   |
| Cost per service-contact (Tk.)                    | 18.90       | NA         | Urban               | Urban (34.44)              | NA   |

| Indicator                                    | FY06        |            | Projection for FY07         | Achievements in Q1 of FY07 | Achievements in Q1 of FY07 compared to projection for FY07 |
|--|-------------|------------|-----------------------------|----------------------------|--|
|  | Achievement | % Achieved |                             |                            |  |
|  |             |            | (20.00)<br>Rural<br>(13.00) | Rural (16.80)              |  |
| % of clinics having stocks of FP commodities |             |            |                             |                            |  |
| - Pill                                       | 98          | 99         | 99                          | 97                         | 98   |
| - Condom                                     | 94          | 95         | 99                          | 87                         | 88   |
| - Injectable                                 | 95          | 99         | 97                          | 46                         | 47   |
| - IUD  | 91          | 97         | 95                          | 83                         | 87   |
| - Norplant                                   | 68          | 80         | 88                          | 42                         | 48   |

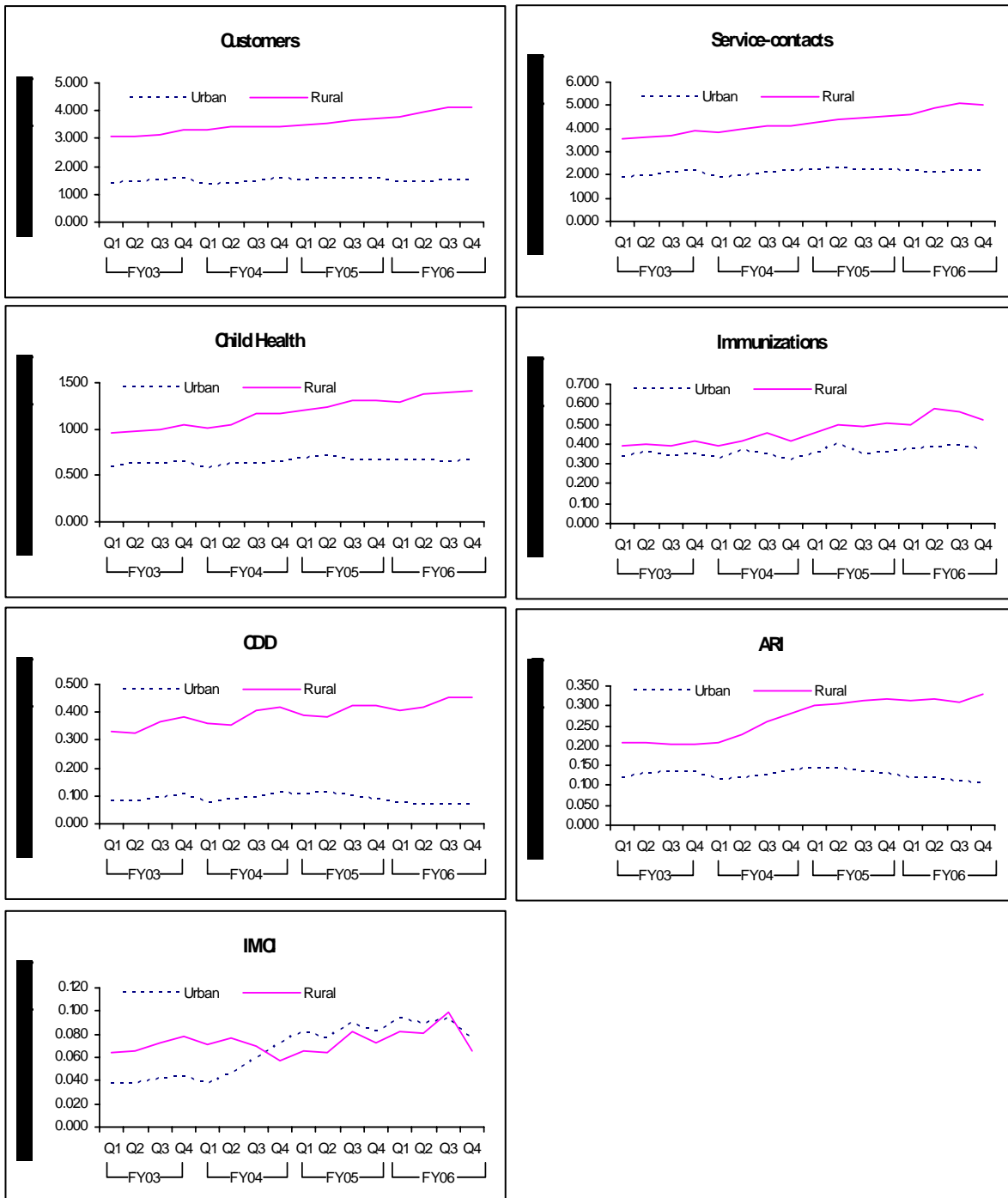
In the first quarter of FY 2007 the project could not meet its projections for overall service contacts. CYP and the number of service contacts for measles lagged slightly as did service contacts for DPT1, ARI (although ARI fluctuates seasonally), TT2+ and ANC3+. GoB policy, which reduced EPI supply and sessions negatively impacted on NSDP's performance. However, following the DGHS' letter to field offices to strengthen support to the NGOs, we are more optimistic that performance will improve. TB service provision continues to perform well. NSDP met the first quarter's goal of service provision to the poor. Twenty four (24) percent of all service contacts were for the poor (annual projection is 23%). Cost recovery rate fell to 18% because of overall reductions of service contacts during the quarter. It is expected that the new income-generating services established during the past quarter will improve cost recovery in the months to come.

**Table 2: NSDP Achievements Relative to Goals: Historical Perspective**

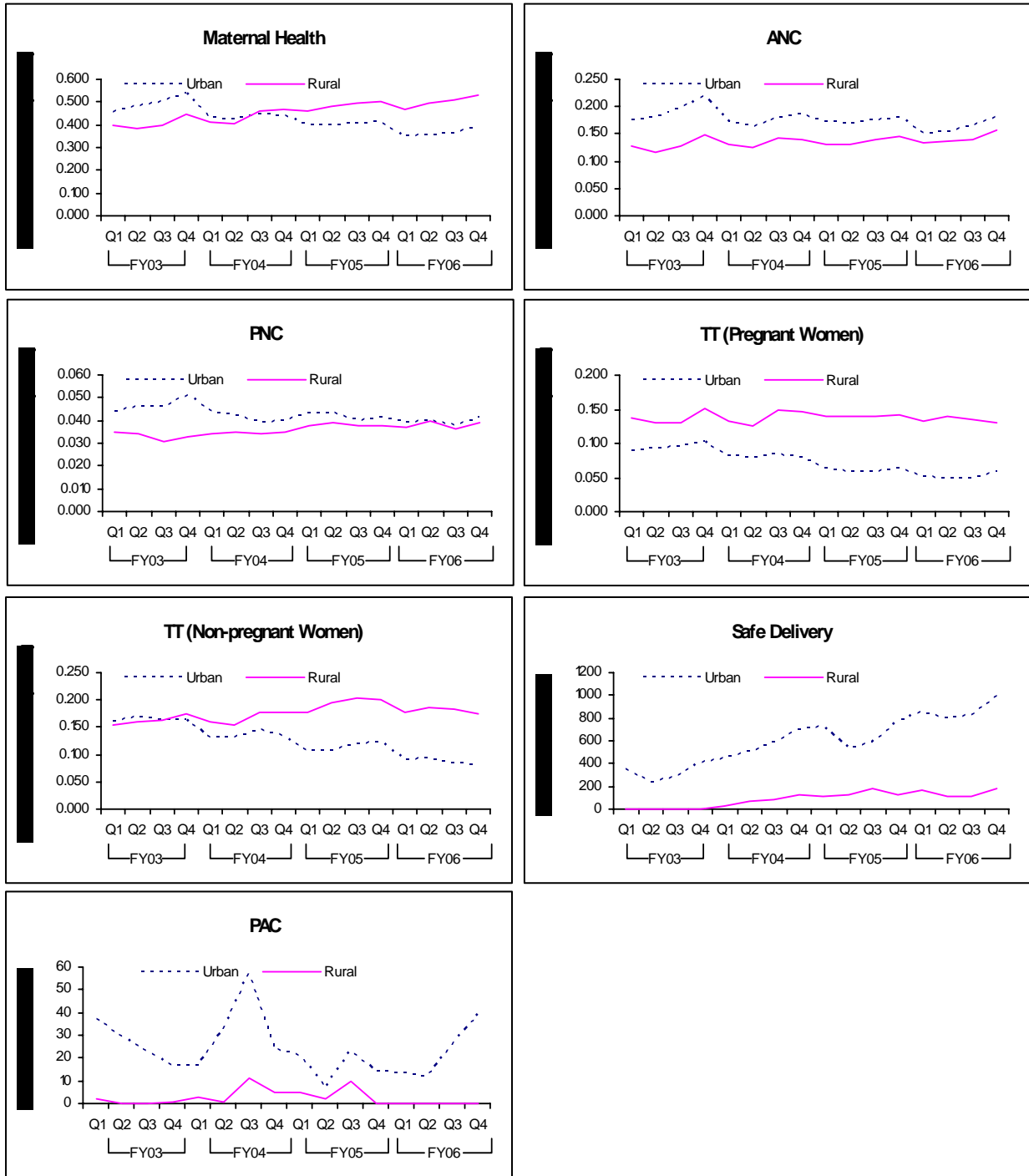
| Indicator   | Yearly                        |                               |             | Quarterly         |                   |             |
|---|-------------------------------|-------------------------------|-------------|-------------------|-------------------|-------------|
|   | FY05<br>(Oct04<br>–<br>Sep05) | FY06<br>(Oct05<br>–<br>Sep06) | %<br>change | Sep 05-<br>Nov 05 | Sep 06-<br>Nov 06 | %<br>change |
| Total service-contacts (million)                  | 26.866                        | 28.224                        | 5           | 6.731             | 6.915             | 3           |
| CYP ((million)                                    | 1.205                         | 1.305                         | 8           | 0.311             | 0.277             | -11         |
| CYP for non-clinical contraception (million)      | 1.128                         | 1.256                         | 11          | 0.297             | 0.269             | -9          |
| # of children who received DPT1 (million)         | 0.336                         | 0.332                         | -1          | 0.08              | 0.08              | 0           |
| # of children immunized against measles (million) | 0.315                         | 0.32                          | 2           | 0.076             | 0.075             | -1          |
| # of children treated for pneumonia (million)     | 0.167                         | 0.157                         | -6          | 0.038             | 0.037             | -3          |
| # of TT2+ dosed given to pregnant women (million) | 0.421                         | 0.372                         | -12         | 0.098             | 0.084             | -14         |
| # of ANC3+ visits (million)                       | 0.472                         | 0.453                         | -4          | 0.113             | 0.117             | 4           |
| # of confirmed TB cases managed                   | 3,028                         | 3,930                         | 30          | 671               | 1,011             | 51          |
| % of clients who are poor                         | 19                            | 18                            | -5          | 18                | 24                | 33          |
| % of cost recovery                                | 18                            | 20                            | 11          | 20                | 18                | -10         |
| Cost per service-contact (Tk.)                    | 15.52                         | 18.69                         | 20          | 19.61             | 21.70             | 11          |
| % of clinics with stocks of FP commodities        |                               |                               |             |                   |                   |             |
| - Pill  | 98                            | 98                            | 0           | 98                | 98                | 0           |
| - Condom  | 98                            | 92                            | -6          | 97                | 88                | -9          |
| - Injectable                                      | 95                            | 92                            | -3          | 96                | 47                | -51         |
| - IUD   | 93                            | 89                            | -4          | 96                | 87                | -9          |
| - Norplant  | 82                            | 65                            | -21         | 83                | 48                | -42         |

Shortages and stockouts of contraceptives, especially injectables and Norplant, have led to fewer customers than projected during the reporting period, and will likely impact service utilization significantly during the next quarter as well. A detailed explanation of the crisis may be found in a letter from NSDP's CoP to NSDP's CTO on January 17, 2007.

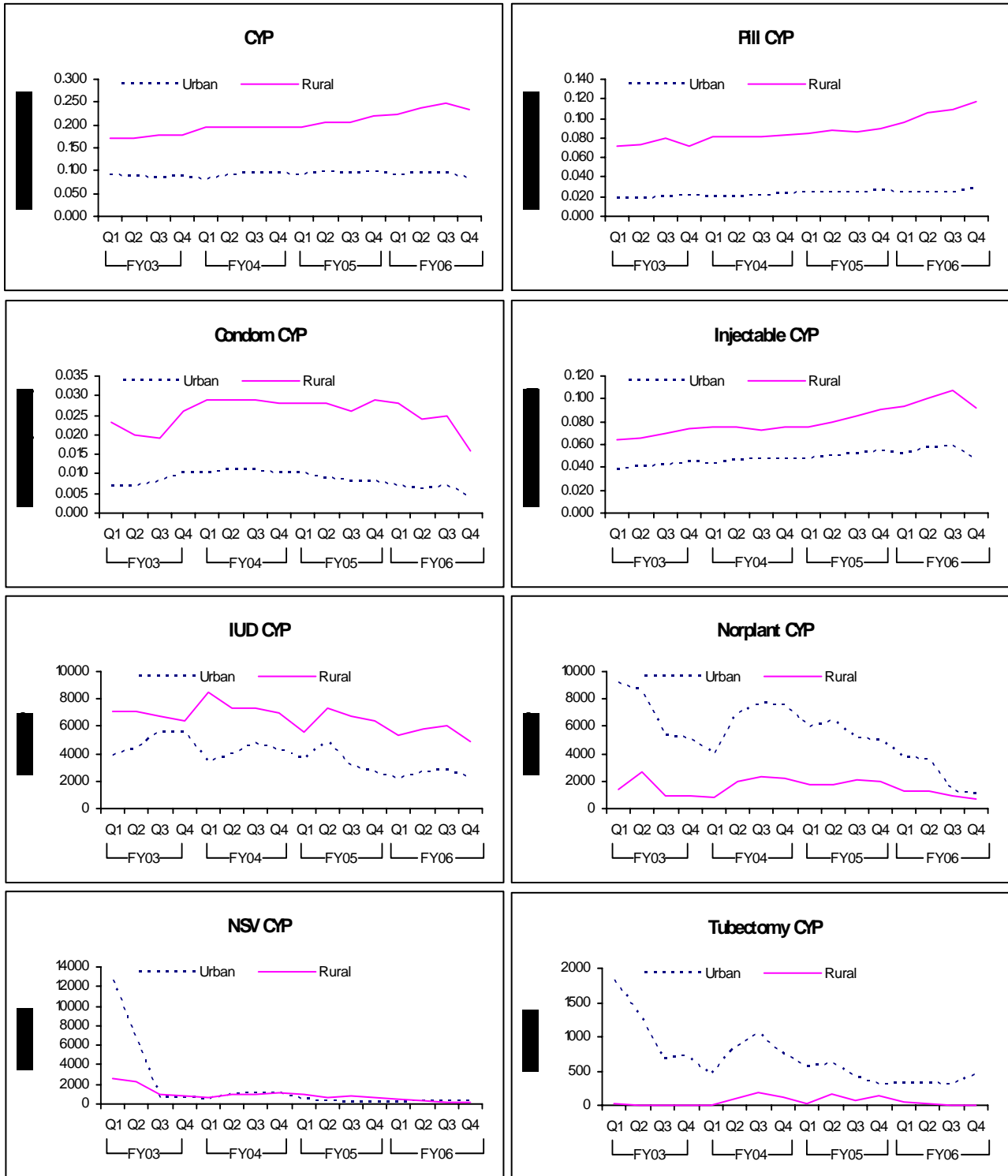
The following graphs show quarterly service contacts at rural and urban NSDP clinics by type of service from FY 2003 through the fourth quarter of FY 2006. Performance of urban clinics has been lower for a long time. Although we know that the urban environment is far more competitive, it warrants more investigation as to the causes for such disappointing performance.



EPI satellite sessions during September, October and November 2006 decreased to 16,028 from 17,078 EPI satellite sessions organized during the same months of 2005, because the government reduced the number of routine sessions held jointly with NSDP’s clinics. EPI sessions at static clinics also decreased slightly from 6,579 to 6,511 during the same months for the same reason. The GoB provides the vaccines to NSDP’s clinics necessary for each session on the day of the session.



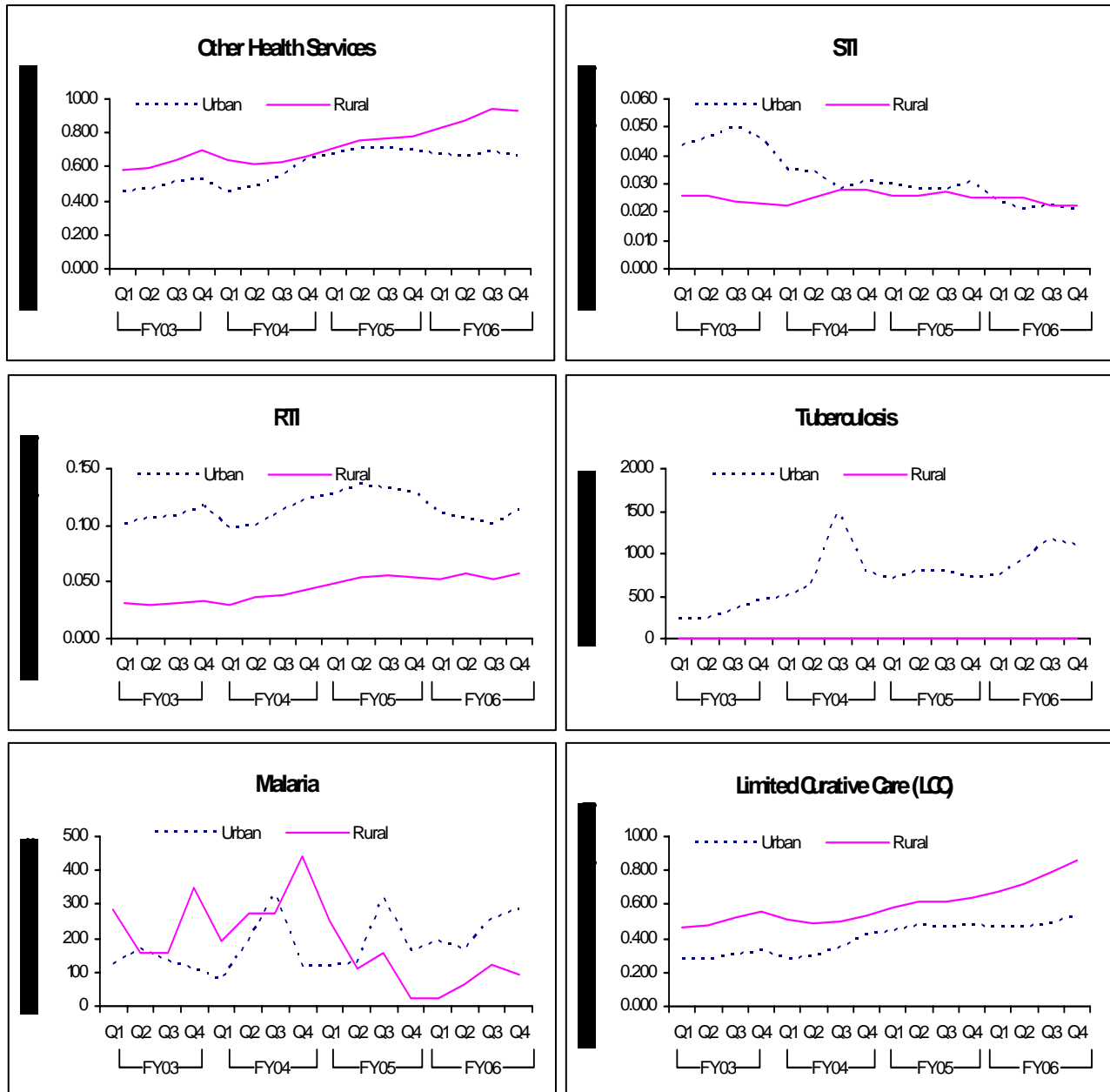
GoB policy reducing the number of sessions at static and satellite clinics also had a negative impact on TT for pregnant and non-pregnant women. Post Abortion Care continues to slump, because of NGOs' fear to offer or report it, especially among the rural NGOs.



Couple years of protection (CYP) have increased over the years, especially in rural areas, but CYP for IUD, Norplant, injectables, and condoms are now falling sharply due to shortages and stockouts of supplies. NSDP has been working closely with the GoB and SMC to improve the

availability of injectables, in particular. SMC donated 250,000 vials of Depo-Provera to NSDP's NGOs during the last quarter to help compensate for the government's shortfall.

To improve performance of PLTM use, NSDP has implemented a BCC and marketing strategy training of counselors, paramedics, and other clinic staff on PLTM, and improved follow-up of PLTM customers at the household level.



STI performance has decreased. In addition to increasing awareness on STI in all clinics, NSDP in collaboration with Population Council is implementing “Increasing Dual Protection among Rickshaw Pullers in Bangladesh” program in 35 clinics to reduce the STI problems.

## MCP, Tiahrt and Helms Monitoring

### 1. Monitoring

NSDP headquarter and regional staff visited 47 clinics (29 Smiling Sun clinics and 18 non-USAID funded clinics) clinics including 3 safe delivery clinics and 5 hard-to-reach clinics as well as 15 NGO headquarters. We assessed 327 clinic staff on their knowledge of MCP, Tiahrt and Helms restrictions, including 34 clinic managers, 17 medical officers, 124 paramedics, 42 SP/SPOs, 20 counselors, 30 clinic aids, 40 depot holders and 20 others.

Virtually all respondents (99.3 %) had received orientation on MCP, Tiahrt and Helms. No service providers provided or promoted abortion or MR services as a method of family planning. No staff said they had been asked to meet targets or quotas or had provided incentives to clients to become family planning acceptors or acceptors of a particular family planning method. Ninety-eight percent (98%) of respondents know of the exceptions to MCP under special circumstances (rape, incest, or if the life of the woman is in danger if pregnancy is carried to full term). 96.9 % of NGOs are aware of the consequences of violating the MCP.

In the quarter, about 45% of clinics received monitoring visits from either NSDP staff or NGO staff each month. None of the NSDP clinics and none of the non-NSDP clinics provided any passive responses nor did they refer any clients under any special circumstances.

**MCP Indicators for Sept, Oct, and Nov 2006**

| Indicator   | Number |
|---|--------|
| Clinics providing at least one passive response                   | 0      |
| Clinics providing referral for MR under very special circumstance | 0      |
| Clinics subject to monitoring visits                              | 432    |
| Clinics holding refresher meeting                                 | 986    |
| Clinics which held monthly Depot Holder debriefing meetings       | 591    |

NSDP conducted monitoring visits at 15 NGO headquarters to ensure adequate documentation at NGO headquarters levels. Use of the sub-recipient monitoring tool generated the following results:

- NGO management demonstrated awareness of project monitoring status.
- Presence of compliance related documents. All monitored NGOs have the “Pathfinder International Standard Provisions of award to non-US Organizations,” 5 of the 15 NGOs have written resolutions regarding their positions on abortion/MR as a method of family

planning. 14 of the monitored NGOs have human resource policies in place regarding their positions on the performance of abortions/MRs by their staff.

## **2. Annual MCP Survey data collected**

In the continuing process of monitoring NGO activities with respect to the MCP, NSDP conducted an annual MCP survey in 2006. The main purpose of the survey report was to understand the level of knowledge and practices of NGO management and providers in regard to the MCP. During this quarter, NSDP completed the data collection phase of the assessment.

The survey was conducted at three levels of NGO personnel:

- NGO executives (chief or contact person) from all NGOs and project directors from all NSDP projects;
- Paramedics, counselors, and clinic aids from selected static clinics and satellite clinics funded by NSDP, ADB, or other sources; and
- Depot Holders (DH) from selected NSDP clinics.

Six Bangla questionnaires were used for data collection in the survey, two for NGO executives and Project Directors, one for Project Managers and Monitoring Officers, one for Paramedics, Counselors, and Clinic Aids, one for Depot Holders.

Data were collected by skilled and trained interviewers of both sexes from a research firm, the Associates for Community and Population Research (ACPR). The interviewers received a two-day orientation about the background of the respondents and on the questionnaires and procedures of data collection. The field work was completed during November 18 and November 30, 2006.

## **3. Policy Boundaries and Permanent and Long-Term Methods**

In its effort to rejuvenate the delivery of permanent and long-term (PLTM) family planning methods among eligible couples in clinic catchment areas, NSDP launched a counseling training workshop for service providers in the Rajshahi and Khulna regions. A session on donor policies was aimed at addressing misconceptions regarding the principles of voluntarism and informed choice.

A session on misconceptions regarding the Tiahrt Amendment was presented to Project Directors and Monitoring Officers attending the NGO Coordination Meeting in December 2006. Although NGOs are not allowed to provide compensatory payments to clients or service providers on permanent family planning methods, participants acknowledge that improving counseling will contribute to meeting the family planning needs of eligible couples, especially through the provision of longer term methods and referrals to government facilities for permanent methods.

## **BUDGET**

NSDP financial information will be provided to USAID under separate cover.



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