

NGO Service Delivery Program

Quarterly Progress Report

Second Quarter, FY 2006

(January - March 2006)



NGO Service Delivery Program



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“Each and every member of the family should take necessary preparation for childbirth,” exhorts national cricketer and NSDP spokesperson on maternal health, Mohammed Rafique, at a rally held in conjunction with his visit to **Nishkriti** clinics in Chittagong.

The NSDP NGOs

BAMANEH	PKS
Bandhan	Proshanti
BMS	PSTC
CAMS	PSF
CWFD	PSKS
CRC	SGS
DIPSHIKHA ANIRBAN	SHIMANTIK
Fair Foundation	SOPIRET
FDSR	SSKS
GKSS	SUPPS
IMAGE	SUS
JTS	Swanirvar
Kanchan Samity	TILOTTAMA
KAJUS	UPGMS
MALANCHA SEBA	VFWA
MMKS	VPKA
NISHKRITI	

Pathfinder International leads the following team of NSDP partner organizations

- Bangladesh Center for Communication Programs (BCCP)
- CARE Bangladesh
- EMG (Emerging Markets Group)
- IntraHealth International Inc.
- Research Triangle Institute (RTI)
- Save the Children (USA)
- University Research Co., LLC. (URC).



NGO Service Delivery Program



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
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 Part sis Tetanus
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



Introduction: New Services to Attract Customers and Increase Cost Recovery

As NSDP enters its final year, it is redoubling its efforts to expand both the range and quality of services offered at Smiling Sun clinics to provide needed services and maximize the likelihood of NGO sustainability in the future. TA offered to our NGOs in the final year will be aimed at helping the clinics establish their reputations as preferred service providers. Continuing demand generation and service promotion work, coupled with the NGOs' growth and development, is being linked with the extension of services and quality improvements. As clinics offer a more comprehensive range of services they move towards the "one-stop shopping" model of service provision. NGOs that have demonstrated good financial and programmatic management can now offer additional services to attract paying and least advantaged customers. Feasibility plans are leading to the addition of new services such as safe delivery, IMCI and laboratory testing, and the purchase of clinical equipment (such as ultra sonograms). Ultimately, it is the mix of services and the quality of care that will sustain the Smiling Sun network of clinics.

1. Maternal Health

a) Skilled Birth Attendants: The skilled birth attendant (SBA) pilot is to be expanded during the remainder of the project. In Bangladesh 90% percent of deliveries take place at home, in most cases attended only by a traditional birth attendant, a family member or no one at all. Only 4% of the very poor seek help from SBAs. But in 15% of deliveries serious life-threatening complications arise, including hemorrhage, eclampsia, puerperal sepsis and obstructed labor. Skilled attendants such as doctors, midwives, or paramedics can recognize these complications and either treat patients experiencing these conditions or arrange for immediate referrals to health centers or hospitals. So the use of SBAs holds much promise for improving maternal mortality—presently 322 deaths per 100,000 live births.

The SBA pilot will be expanded from the present 27 to 44 paramedics serving as trained midwives. The selected paramedics will undergo a one-week update in normal delivery, with special attention to active management of third stage labor and neonatal health care. One of the private-sector partnerships presently under discussion is designed to fund training and equipment for the new SBAs—an example of how NSDP's "corporate social responsibility" efforts support new service expansion, which in turn bolsters NGO sustainability. The trained paramedics act as private health care providers and charge a fee, a percentage of which is taken by the their NGO. An evaluation of the SBA pilot,



Minara Akter, an SBA at the **Swanirvar Savar** clinic, is shown with two of her satisfied customers.



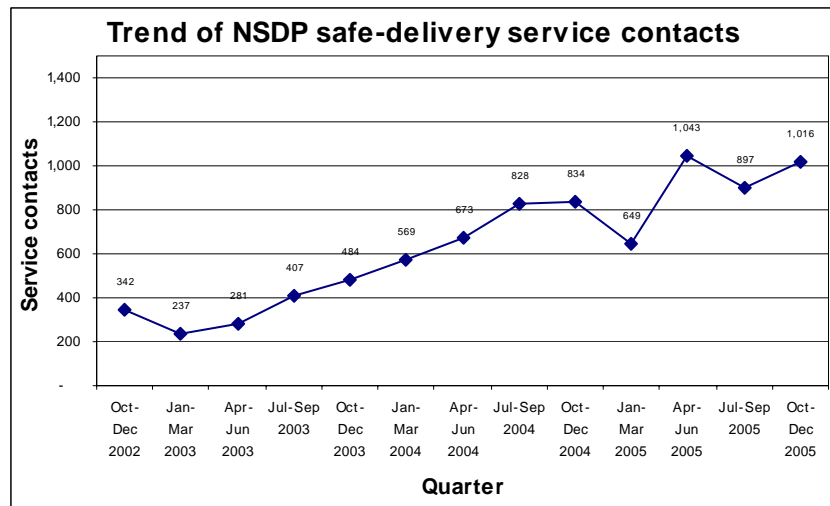
which will be used to guide its expansion, is presently being undertaken by ICDDR,B. The evaluation will test knowledge and skills of trained paramedics, review community-level impact on use of a skilled attendant, conduct in-depth interviews with women and family members to determine acceptability of the intervention, and include a time motion analysis of paramedics who participate in the initiative. NSDP will use the information gathered from this study, along with lessons learned from the past year and situation analysis to prepare a strategy for expanding this service to selected sites and paramedics. Community health workers (depot holders) and other clinic staff have been trained to recognize danger signs, refer women to a proper referral site and, where possible, provide care.

b) Safe Delivery at Clinics: Presently 16 of the 317 clinics offer safe delivery service. The number of women giving birth each quarter at Smiling Sun safe delivery centers has increased from between 200 and 300, three years ago to over 1,000 today (see graph below). Six of these 16 clinics are comprehensive care clinics, capable of providing emergency obstetrical care including c-sections. Before NSDP ends, several NGOs aim to offer comprehensive delivery services: CWFD, Image, Nishkriti, PKS PSTC, UPGMS, Dipshikha and Kanchan. Caesarean sections are expensive, no matter the provider, but NSDP NGOs aim to offer c-sections as inexpensively as possible. For example, at the SSKS headquarters clinic in Sylhet, c-sections are available for Tk. 9,800. At competing private providers, the cost is Tk. 20,000. Those in need of c-sections but who are unable to pay receive the service at no charge --their treatment is in effect subsidized by revenue generated from serving paying customers. SSKS Sylhet performs 8-10 c-sections per month. Revenue generated plays a significant role in enhancing that NGO's sustainability. In addition, NGOs' program income will be used to purchase more ultra



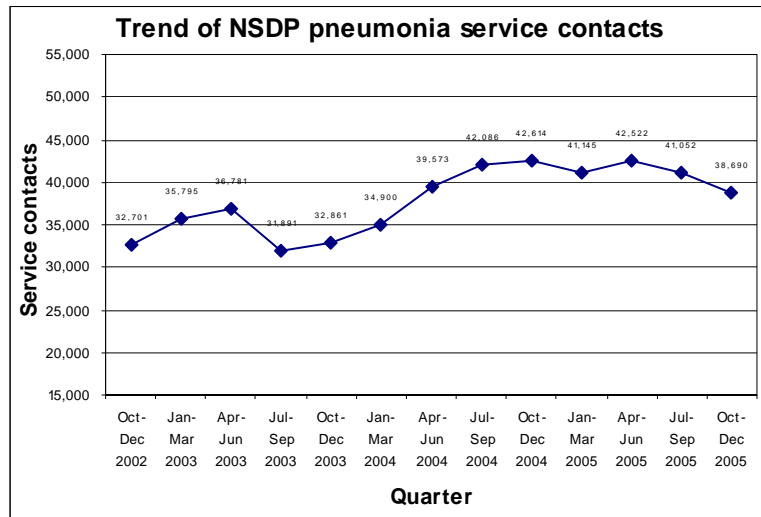
Sulata Biswas, and Firoza Khatun, paramedics at the PKS Jessore clinic with Asia Parvin and her daughter born at the clinic on March 23.

sonogram equipment, and NSDP will assist its NGOs to convert surgical contraceptive clinic spaces to operating theaters that will accommodate both surgical contraception, normal delivery and in some cases c-section and hysterectomy to improve use of these spaces.



2. Child Health

In the final period of the project, NSDP plans to expand community-based Integrated Management of Childhood Illness (IMCI) in rural areas and facility-based IMCI in rural and urban areas to all remaining clinic sites in the Smiling Sun network. Community IMCI includes raising community awareness of 16 key family practices related to child health, newborn health, and ensuring access to essential child health services and treatment of diarrhea and pneumonia. Community IMCI activities also promote timely referral from community members and Smiling Sun depot holders for severely sick children. NSDP plans to expand the number of rural clinics offering Community-IMCI from 87 to 155. NSDP will expand the number of clinics offering Facility-based IMCI to 262 in 2006, and, if necessary support from the GOB is provided, to all 317 in 2007. Only 15 sites provided clinical IMCI when the project started in 2002. There are plans to add doctors at some rural clinics and to expand the range of services available from consultant physicians at some urban clinics.



3. Other Miscellaneous Services

a) Laboratory Services: Entering the final year of the project, several clinics plan to expand lab services. These services contribute to sustainability in a variety of ways. Not only does lab testing generate revenue and improve cost recovery, but lab service significantly improves providers' ability to provide diagnostics for curative care and higher quality services in general.

b) Health care marts: Adding health care marts directly generates income. These stores, a cross between small convenience stores and pharmacies, contribute to NGO financial sustainability and ensure better clinic-community integration. Building on one of NSDP's successful corporate social responsibility partnerships, that with Reckitt-Benckiser, the manufacturer of Dettol, some NGOs have now directly contracted for the purchase of antiseptic soap and other Dettol products at wholesale prices. These products are sold through health care marts and the revenue generated is used to cross-subsidize service to the poor.



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. Catching Up With Measles

NSDP took part in what is thought to have been the world’s largest ever public health event, the “Measles Catch-Up campaign” which took place nationally for three weeks in February and March. Prior to the campaign, NSDP was involved in several planning and coordination activities both nationally and locally. Roughly 3.8 million children aged from 9 months to 10 years were vaccinated by Smiling Sun clinics. Over 4,500 volunteers were recruited and oriented. They then helped with community mobilization efforts and assisted vaccinators during the campaign. High-risk groups of children, such as street-children, were a special focus for the campaign. Both of NSDP’s celebrity spokespersons participated in measles campaign activities, and they were both met by enormous, highly enthusiastic crowds (see p.7). Their participation in the measles campaign was disseminated by press releases widely covered in the national media.



A team of paramedics at the PSTC Rampura clinic vaccinating children during the national measles “catch-up” campaign and four boys from a nearby madrassa who were immunized there.

2. Ten Smiling Sun NGOs to be included in GFATM funding

Bangladesh is to receive almost \$46M over five years as part of the GFATM fifth-round funding. The two principle recipients will be the Ministry of Health and Family Welfare and BRAC. Ten NSDP NGOs (PSTC, CWFD, Swanirvar, PSF, Bamaneh, PKS/K, Fair Foundation, Image, Nishkriti and Tilottama), which work in TB prevention and treatment, submitted proposals to BRAC, seeking to become sub-recipients of this funding, and consequently will be receiving



approximately \$1M over the five-year term. These funds will strengthen their existing programs. In particular, they will be able to:

- Strengthen current DOTS activities
- Involve private-sector health care providers in delivering TB/DOTS service
- Create demand for services through advocacy, communication and social mobilization
- Develop joint TB/HIV collaborative activities
- Strengthen procurement and supplies systems
- Strengthen supervision, monitoring and evaluation

3. Religious Leaders Participate in World TB Day Events

On March 24th, World TB Day, Smiling Sun clinics made extra efforts to reach out to religious leaders to seek their help in spreading positive health-seeking messages. TB Day this year fell on a Friday, the day of Jumma prayers. NSDP produced 60,000 leaflets for religious leaders which outlined the unique responsibility of Imams to help serve suffering people. Ten project NGOs worked in a total of 312 mosques located in their clinics' catchment areas. 57,980 people who attended Friday prayer services in mosques located in Smiling Sun catchment areas were educated about TB and the availability of free care from Smiling Sun clinics. The NGOs also held 115 group meetings about TB over a 2- or 3-day period in which 2,500 people participated.

C-IMCI Training Saves Baby Farzana

On March 15th, six month-old Farzana, who lives with her parents Runa and Ruhul near Bagerhat, began to show symptoms including a cough and a high fever. Ruhul bought some medicine from a local drug seller, but the baby's condition only deteriorated and her breathing grew more rapid. Luckily, Farzana's mother, Runa, had attended group counseling sessions organized by a CRC depot holder, Nupur Akter, who has received C-IMCI training. Because of the counseling sessions the young mother was able to recognize her baby's dangerous symptoms and she took the child to see Nupur who treated her with pediatric cotramoxizole. After a few days, the baby recovered, and the parents are very happy with the care their baby received.



Near Bagerhat, Runa Akter and her husband Ruhul Amin are delighted with the life-saving care their six month-old baby Farzana received from a DH from the **CRC** clinic in Moralgonj.

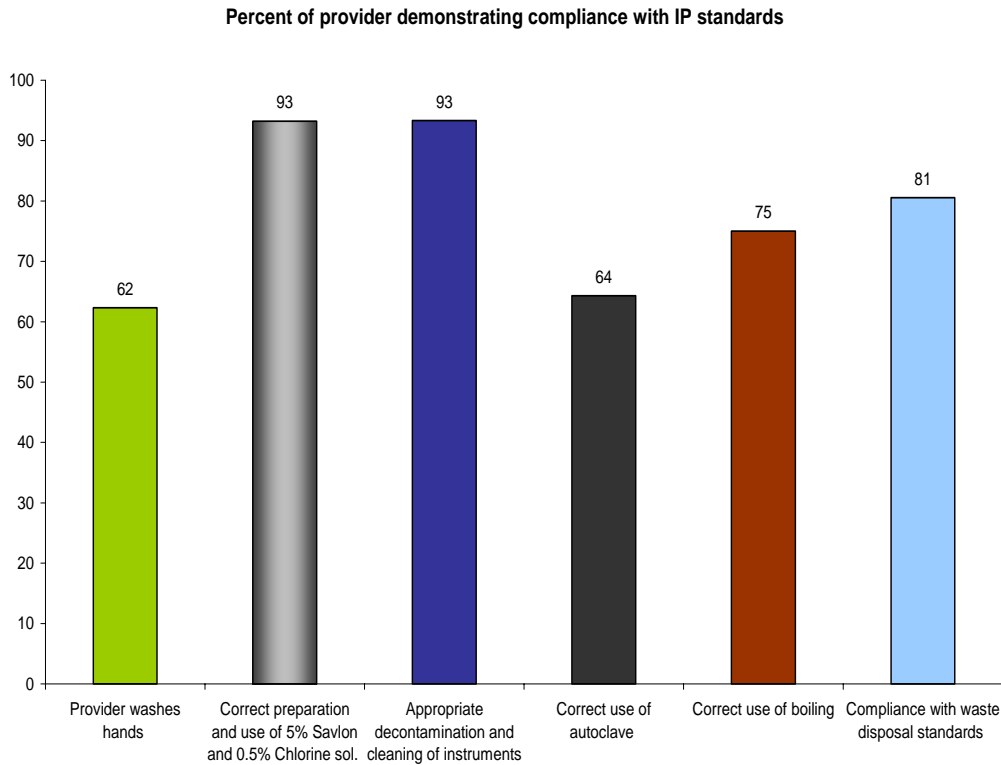
4. Clinical Skills Standardization Continues to Improve Quality of Service

NSDP has completed clinical skills standardization training aiming to ensure providers possess uniform knowledge and skills. The training focused on counseling, infection prevention and



family planning services (injectables and IUD insertion). 46 facilitators from the NGOs were trained who subsequently shared their training with a further 1,369 providers. Regional staff assisted by monitoring the training and provided follow-up when necessary.

Quality Improvement staff visited 26 clinics to observe procedures and found that most providers now follow infection prevention procedures correctly (see the graphs below). NGOs regularly replicate the cascade training and are now able to standardize new recruits.



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

1. Enechhi Shujer Hashi Receives National Acclaim

Enechhi Shujer Hashi (ESH) received the second highest TV rating point total and two of the drama serial's stars, including NSDP Brand Ambassador Joya Ahsan have been nominated for the prestigious Meril-Prothom Alo Star Performance awards.



2. Celebrity Superstars Shine at Measles “Catch-Up” Campaign Events

Both Joya Ahsan and Md. Rafique made clinic appearances in connection with the national measles “Catch-Up” campaign. At least 22 daily newspapers covered the duo’s visits to clinics in Chittagong, Khulna and Jessore managed by NGOs Image, Nishkriti, Fair Foundation and PKS. The press coverage contributed to the national image of the Smiling Sun network and also encouraged people to have their children vaccinated.



In Chittagong, Rafique helped vaccinate children against measles, as did Joya in Khulna.



3. America Week 2006: The Sun Smiles on Chittagong

Three Chittagong region NGOs (Image, Nishkriti and SUS) operated a “clinic” at USAID’s America Week event held in mid-March. The annual America Week events are among the most significant regional outreach activities the Mission conducts. USAID partners’ booths showcase project activities to the general public. Over 8,000 people visited America Week Chittagong, including the Mayor of Chittagong, the Charge d’Affaires of the U.S. Embassy Judith Chammas, USAID Mission Director Gene V. George, and the Foreign Minister of the Government of Bangladesh, Md. Morshed Khan.

Joya has become very well-known nationally for her portrayal of “Ayesha” the Smiling Sun paramedic in the TV drama *Enechhi Shujer Hashi*. While in Chittagong she augmented her appearances at the NSDP booth with clinic visits to the rural SUS Rawzon clinic where she was almost mobbed by a crowd of more than 1,000 people. She also visited the IMAGE Nasirabad clinic in the city of Chittagong. During her public appearances she advocates positive health seeking behavior and urges people to visit Smiling Sun providers.



Foreign Minister Md. Morshed Khan visited NSDP’s booth at America Week in Chittagong where he spoke with Brand Ambassador Joya Ahsan and staff from the **Image** Nasirabad clinic.



Joya quizzing an enthusiastic crowd on basic health issues at the **SUS** Rawzon clinic.



4. Service Promotion Campaigns Continue

NSDP continues to organize service promotion campaigns in conjunction with the TV drama. This quarter, tetanus toxoid (TT), antenatal care (ANC) and post-natal care services received special attention. Client flow for both ANC service and TT was 4% higher in January and February than in the preceding two months. Community-level promotions are expected to achieve sustainable changes in health seeking-behavior.

5. Imams Visit Dhaka Smiling Sun Clinics

One hundred religious leaders took part in the Dhaka Imam Orientation session (organized by The Asia Foundation) held at the Dhaka Imam Training Academy in mid-March. By the end of 2006, over 3,000 imams will have received practical exposure to the work of USAID partner organizations such as NSDP. The Imam

Orientation program strengthens the capacity of religious leaders, as persons of influence in Bangladeshi society, to enhance public understanding of and commitment to national development issues, including public health issues. During the Dhaka training session, participating imams visited four Smiling Sun clinics, located in Tongi, Gazipur, Rangpura and Shahjadpur (managed by NGOs CWFD, Swanirvar and PSTC). They met with clinic doctors, paramedics and counselors who discussed with them the range of health services available at the clinics, including lab tests and pharmacy services. The imams were keen to learn about the Smiling Sun network, and to convey messages about positive health-seeking behavior to members of their local communities. A series of leaflets, which include quotations from the Quran noting the importance of providing adequate health care for women and children, were distributed to the imams. The imams were very interested in the health care messages contained in the leaflets and indicated that they would share these messages with members of the communities in which they serve.



Some of the 25 Imams who visited **Swanirvar's** Tongi clinic are shown talking with a paramedic there.



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

1. Efforts Made to Broaden and Diversify NGO Sources of Funding and Revenue

NSDP is making continuing efforts to help NGOs broaden and diversify their sources of revenue. A one-day workshop held in early February offered TA to a group of better-performing NGOs, characterized by the resources and effort they devote to achieving revenue stability. The NGOs which participated were: BAMANEH, Swanirvar, CWFD, PKS, PSTC, Kanchan, PSF, SSKS, FDSR, BMS, Fair Foundation, Tilottama, JTS and Sopiret. The workshop focused on nine specific revenue and funding diversification strategies. Each of the NGOs participating in the workshop developed action plans for each of the nine strategies. The strategies discussed are:

1. Expand or add new non-core services
2. Rationalize fees for core services, products and medicines
3. Community based fund-raising
4. Contracting with the GoB
5. Contracts with local private sector clients
6. Financing through loans and leases
7. Endowments
8. Corporate social responsibility – philanthropy
9. External funding from donors

2. NGO Executive Committees Gain Better Understanding of Responsibilities

NGO governance mechanisms serve to provide direction and enhance efficiency and accountability. Good NGO governance should ideally support programmatic activities which more successfully achieve NGO vision and mission statements and should help provide a coherent framework for expansion.

Financial auditing must be carried out by an external auditor but other good governance assistance can be provided by HQ. We have now developed induction materials for new EC members, which incorporate input from grants management, MCP compliance and program operations staff. Five NGOs EC and management teams received orientation using this package during the quarter under review -- PSTC, CWFD, Swanirvar Bangladesh, JTS and BAMANEH. ECs will now proceed to form sub-committees tasked with fund-raising, MCP compliance, finance, strategic planning (including expansion feasibility), community based fund-raising, developing contracts with the private sector and image building (including website development).



3. CORE: Turning Research into Action

NSDP has been piloting a Cost and Revenue (CORE) model, which builds on the results of the costing study (reported on last quarter) to help NGOs conduct strategic and annual planning based on a range of hypothetical scenarios. Three NGOs, Fair Foundation, PKS Khulna, and Kanchan Samity have been involved in the pilot. Staff from these three NGOs have become experts in using the CORE spreadsheet model, and will be able to assist those from other NGOs –an example of work which helps build institutional capacity.

Using the CORE model, NGOs are able to simulate the effects of, for example, reallocating staff to improve staff use and reduce the average cost per service. Or the model may simulate how increasing patient contact time can help improve service quality and increase the staff use rate. Or the model can simulate how increasing client flow reduces average cost per service and increases cost recovery rates. Ideally, by exploring a range of scenarios, NGOs can find the optimal use of staff and facilities.

4. NGOs Explore Options on HBCs for Paying Customers

The relatively new health benefit cards (HBC) for paying customers are now being sold by 16 NGOs. A total of 8,783 had been sold as of February 2006. Pricing varies by NGO and from clinic to clinic. Some NGOs are offering a small sales commission to motivate staff to sell the cards. The cards, branded with the USAID logo, are being made available digitally, so, if the NGOs request more HBCs, they can have them printed locally to reduce printing costs. The cards are advertised in many ways, including through service promotion campaigns linked to the Smiling Sun TV drama, *Enechhi Shujer Hashi*.

A memorandum of understanding has been signed between NGO **Tilottoma** and the Truck Drivers Association of Rajshahi under which the Association will buy HBCs from Tilottoma for their members' families. The association has 500 members. Beneficiaries will be eligible to receive care at 14 static clinics and 28 satellite clinics.



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

1. NGOs Short-Listed for UPHCP II

All NSDP NGOs which submitted bids for UPHCP II, have successfully pre-qualified, and are each expected to be granted at least one of the 22 “partnership areas”. NGOs may be granted up to four partnership areas. The NGOs are CAMS, PSTC, SGS, VFWA and Shimantik.

2. DGFP Facilitates Clinic Re-Affiliation through June 2007

Presently, the Smiling Sun clinics must seek re-affiliation every two years from the DGFP. The re-affiliation is dependent on recommendations from district technical committees and assurances from the NSDP that adequate funds are available for clinic operations. The DGFP has agreed that upon USAID granting NSDP a one-year extension the clinics will be re-affiliated for an additional year (until June 2007) without having to undergo district technical committee process.

3. DGFP Working Committee Reactivated

In 2003, the DGFP established a coordination committee to oversee the Smiling Sun network. The committee has not met for over one year, but has recently been reorganized with Dr. Mirza A. H. M. Bareque as Chair and is scheduled to meet in the first week of the next quarter and quarterly thereafter.



NGO Service Delivery Program



ANALYSIS OF SERVICE STATISTICS; UPDATE ON PROGRAM OPERATIONS; STATUS OF COMPLIANCE

1. Partial Success in Meeting Service Contact Targets

Smiling Sun providers made almost 7 million service contacts in the second quarter. The project is on course to meet some of its FY06 projections and to exceed others.

NSDP Achievements Relative to Goals

Objectives	Achievement	Projection for FY06	Achievement in Q2 compared to projection for FY06	
	FY05		Achieved	% achieved
# Service-contacts (million)	26.500	29.150	6.962	24%
CYP (million)	1.205	1.325	0.329	25%
CYP for non-clinical contraception (million)	1.128	1.241	0.313	25%
# of family planning visits (million)	9.438	10.382	2.545	25%
# STI/RTI cases treated (million)	0.955	1.051	0.214	20%
# PNC 1 services provided (million)	0.253	0.278	0.062	22%
# ANC 3 (million)	0.290	0.319	0.067	21%
# TT2 doses given to women (million)	0.418	0.460	0.094	20%
Total child immunizations provided (million)	3.387	3.726	0.728	20%
# of children immunized against measles (million)	0.311	0.342	0.084	25%
# of CDD cases with some dehydration treated (million)	0.173	0.190	0.034	18%
# of children treated for pneumonia (million)	0.169	0.186	0.041	22%
# of confirmed TB cases managed for treatment	3715	4087	2284	56%
% of clients that are poor	19	21	17	N/A
% of cost recovery	21	27	19	N/A



Although care should be taken in interpreting results from time periods as short as three months, in the second quarter of FY 06 the project did successfully meet its targets for family planning visits and for distributing contraceptives. The number of service contacts for ANC and PNC care lagged slightly, as did the child health indicators --visits for immunizations and CDD (though the latter fluctuates seasonally). As in the previous quarter, TB service provision continues to grow at an impressive rate: the number of confirmed TB cases treated once again was more than double the target. Of concern is the slight decline in percentage of clients defined as being very poor. Against a target for the whole year of 21%, only 17% of clients seen this quarter were very poor, (compared with 18% the previous quarter). And this decline occurred in the context of a decline in cost recovery to 19% (from 20% in the previous quarter and against a target of 27%). Clinics are apparently seeing proportionately more able-to-pay customers yet failing to translate the provision of revenue generating services into improved cost recovery rates.

NSDP Achievements Relative to Goals: Historical Perspective

Indicators	Year					Quarter				
	FY04		FY05		% change in FY05 compared to FY04	Dec 04-Feb 05		Dec 05-Feb 06		% change in FY06 compared to FY05
	Achieved	% achieved	Achieved	% achieved		Achieved	% achieved	Achieved	% achieved	
# of service contacts	24.182	96	26.600	96	10	6.611	95	6.962	96	5
% of clients that are poor	14	143	19	94	36	20	98	17	80	-14
CYP (million)	1.140	123	1.205	105	6	0.301	105	0.329	99	9
# of family planning visits (million)	9.195	102	9.489	95	3	2.375	95	2.545	98	7
Total child immunizations provided (million)	2.984	93	2.910	82	-2	0.754	85	0.728	78	-4
# of children immunized against measles	0.324	89	0.328	82	1	0.078	78	0.084	99	8
# of CDD cases with some dehydration treated	0.199	81	0.170	63	-14	0.042	62	0.034	71	-20
# of children treated for pneumonia (million)	0.149	96	0.167	97	12	0.042	97	0.041	88	-1
# of PNC1 service provided	0.241	86	0.253	82	5	0.066	86	0.062	89	-6
# of ANC3 service provided	0.284	84	0.293	79	3	0.070	76	0.067	84	-5
# of TT2 doses given to women	0.439	85	0.421	74	-4	0.102	72	0.094	81	-8



Indicators	Year					Quarter				
	FY04		FY05		% change in FY05 compared to FY04	Dec 04-Feb 05		Dec 05-Feb 06		% change in FY06 compared to FY05
	Achieved	% achieved	Achieved	% achieved		Achieved	% achieved	Achieved	% achieved	
# of deliveries performed from safe-delivery centers	2554	106	3423	130	34	666	101	949	145	42
# of women received comprehensive post-abortion care services	169	39	102	24	-40	23	21	13	13	-43
# of STI and RTI cases treated (million)	0.813	87	0.955	92	18	0.241	93	0.214	81	-11
# of confirmed TB cases managed for treatment	3285	76	4475	110	36	719	70	2284	224	218
% of cost recovery	18	78	20	80	11	15	60	19	70	27

The percent change between this past quarter and the same quarter a year ago is not as favorable as the percent change between FY05 and FY04, although there are some similar trends. Family planning services continue to increase, but it appears that Smiling Sun clinics are becoming less a source for treatment of diarrheal disease, tetanus toxoid vaccinations are decreasing as they did the previous year, and, as expected, post-abortion care services continue to slide or go unreported. Safe deliveries continue to increase at a rapid pace as do confirmed TB cases managed for treatment. The average cost recovery rate among the NGOs for the past quarter shows a marked increase over the same quarter a year ago, but is still no better than the annual average of the previous fiscal year, FY2005.

2. NGO Grant Coordination Meetings Held

Headquarters staff held a series of meetings with NGO representatives in mid-February aimed at streamlining and coordinating the NGO grant renewal process. Several issues were discussed which will be important for the rest of the project: MCP, Tiahart and Helms compliance, quality monitoring, financing of services for the very poor, the continuation of the service promotion campaigns, general sustainability issues, staff retention, corporate partnerships, training, and service expansion. Along with working on the renewal of their grants, NGOs scheduled activities for March 2006-June 2007.



3. NGOs Strengthen their Supervisory Abilities

Project NGOs have begun developing comprehensive plans to improve clinic supervision and to help coordinate activities of the NGO support teams and regional coordinators. Decision making is being expedited and service quality will become more uniform throughout the network.

4. MCP, Tiaht and Helms Monitoring

This quarter NSDP field and HQ staff conducted 106 monitoring visits to clinics (82 NSDP clinics and 24 non-NSDP clinics) and 28 visits to various NGO headquarters. Staff used the new clinic monitoring tool for NSDP clinics, a clinic monitoring tool for non-NSDP clinics and a separate tool for sub-recipients. 14 of the 16 safe delivery centers were visited. 8 out of 12 hard-to-reach clinics were also monitored in this quarter.

A total of 440 clinic personnel were interviewed to assess their knowledge of the MCP, Tiaht and Helms – 49 clinic managers, 4 medical officers, 150 paramedics, 68 SP/SPOs, 31 counselors, 39 clinic aids, 84 depot holders and 15 others were interviewed during this quarter in NSDP clinics (except safe delivery centers and hard-to-reach clinics).

In safe delivery centers, 1 Project Director, 11 clinic managers, 11 medical officers, 81 paramedics, 16 SP/SPOs, 13 counselors, 3 clinic aids, 8 depot holders, 1 nurse and 3 other members were interviewed. 8 clinic managers, 22 paramedics, 7 SP/SPOs, 9 clinic aids and 31 depot holders in 8 hard-to-reach clinics were monitored to assess their knowledge about MCP, Tiaht and Helms policies.

99.77% of respondents had received orientation on MCP, Tiaht and Helms. No service providers provided or promoted abortion or MR services as a method of family planning. 98.7% of NGO personnel are aware of the exceptions permitted under the MCP. 97.3% of NGO personnel demonstrated awareness of the consequences of violating the MCP.

In addition to monitoring 82 Smiling Sun clinics, NSDP monitored all 12 ADB-funded clinics managed by 2 project NGOs and 12 non-ADB, non-USAID funded health clinics managed by 7 project NGOs for MCP compliance using a standard tool (MCP monitoring tool for non-USAID funded clinic).

The following table shows the respondent pattern in non-NSDP funded health projects managed by 8 NSDP NGOs.

Personnel	12 ADB-funded clinics	12 non-NSDP non-ADB funded clinics
Project director	0	1
Clinic manager	1	6
Medical officer	12	2
Paramedic	25	9



Personnel	12 ADB-funded clinics	12 non-NSDP non-ADB funded clinics
SP/SPO	4	1
Counselor	9	2
Clinic Aid	1	1
Depot holder	0	0
Community mobilizer	4	4
Nurse	1	0
Others	3	15
Total	60	41

96% of respondents from non-NSDP funded projects had received orientation on MCP, Tiahrt and Helms. No service providers provided or promoted abortion or MR services as a method of family planning. 95% of respondents were aware of the prohibition on referral for MR as a method of family planning. 93% of clinic personnel interviewed were aware of the exceptions permitted under the MCP. 98% of the interviewees demonstrated awareness of the consequences of violating the MCP.

NSDP has also been gathering information from all clinics pertaining to the monitoring of compliance with MCP, Helms, and Tiahrt since November 2005. In this quarter, clinic reports indicate that about two thirds of clinics have received monitoring visits from either their NGO's staff or NSDP. More than three quarters have held refresher courses on the requirements. 97% of clinics have held debriefing sessions with depot holders on MCP. 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, Helms, and Tiahrt Monitoring Indicators at NSDP Clinics
(January-March, 2006)

Indicators	% of clinics
Number of clinics that provided at least one passive response	0
Number of clinics that provided at least one referral for MR under very special circumstance	0
Number of clinics that received at least one Helms, MCP, or Tiahrt monitoring visit from NGO or NSDP officials	57
Number of clinics that organized at least one refresher meeting about Helms, MCP, or Tiahrt	81
Number of clinics that organized monthly depot holder debriefing meetings on MCP (total clinics = 147)	97



5. Monitoring by NGO Headquarters

USAID-funded NGOs are required to comply with MCP, Helms, and Tiahrt in the course of project implementation. In order to assess and monitor the in-depth knowledge of NGO leaders regarding these policies a tool was developed specifically with NGO leaders in mind. Use of this monitoring tool generated important results:

1. Awareness about status of monitoring of the project by NGO management staff: 26 of 28 NGO HQs were aware of the status of monitoring but only 16 have monitored according to plan.
2. Presence of compliance related documents: 24 of the monitored NGOs have the ‘Pathfinder International Standard Provisions of Award to non-US Organizations’ but 10 NGOs have written resolutions regarding their position on abortion/MR as a method of family planning. 13 of these monitored NGOs have human resource policies on abortion/MR as a method of family planning

6. Annual TOT on MCP, Helms, and Tiahrt Policy Compliance

On 12 February 2006, NSDP held its annual one-day training on MCP, Helms, and Tiahrt Amendments for appointed NGO Executive Committee contact persons and Project Directors of both NSDP and non-USAID funded programs. One hundred and two participants attended concurrent training sessions organized by region and led by NSDP Regional staff. Project Directors conducted power-point sessions on the MCP, Helms, and Tiahrt Amendments and received feedback from NSDP staff in order to increase their efficacy in future trainings with their own NGO colleagues. At the close of the workshop, NGOs developed and submitted their plans for cascade training to be conducted by March for management-level staff, including clinic managers. In turn, Clinic Managers would conduct training sessions for all of their clinic-level staff and depot holders.

7. Budget

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



NGO Service Delivery Program





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