Quarterly Progress Report

Forth Quarter, FY 2006
(July - September 2006)

NSDP

NGO Service Delivery Program

USAID
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NGO Service Delivery Program

Quarterly Progress Report

Trained Paramedic delivers at home

Fourth Quarter FY 2006
July-September 2006

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1. The NSDP NGOs

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

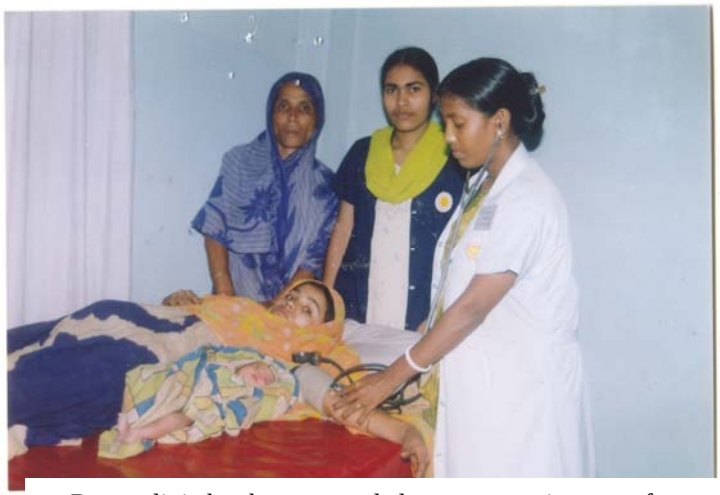
INTRODUCTION: DEMAND SIDE FINANCING PILOT, MATERNAL HEALTH VOUCHER SCHEME AT RAMU CLINIC

Despite commendable improvement in health indicators in the last 30 years, Maternal Mortality remains an important problem in Bangladesh. MMR in Bangladesh was 600 in 1980, 480 in 1990 and presently is 320 per 100,000 live births. About 90% of births are still delivered at home and only 13% of births are attended by skilled birth attendants. Moreover, poor women living in lower socio-economic strata are less likely to be attended by a trained health care provider. About 69% of households of the poorest quintile do not have access to any antenatal care compared to 22% of the richest quintile. The Interim Poverty Reduction Strategy sets the target for reducing the maternal mortality ratio to 147 by 2015. The National Maternal Health Strategy specified the target of raising skilled attendance at birth to 50% by 2015 from the current figure of 13%.

The Conceptual Framework for the Health, Nutrition and Population Sector Program (HNPSP) 2003-6 pointed out the importance of demand side approaches to influence the demand for health services as well as to increase the access of the poor to health services. The government has initiated piloting of demand side approaches toward this goal. It also mentioned vouchers as appropriate means for enabling poor to access HNP services, particularly maternal health services.

The demand side financing (DSF) pilot is designed to test the effectiveness and feasibility of using vouchers as a way of increasing demand for maternal health services among poor women. The pilot scheme is being implemented for one year in 352 unions of 21 upazilas, 1 upazila from each old district. Upazilas were selected for low literacy, high population density, high poverty level as per WFP Poverty Mapping 2004, and presence of Skilled Birth Attendant (SBA) program.

Poor pregnant women with 1st pregnancy and also some selected 2nd pregnancies are eligible to benefit from this scheme. Identification of eligible pregnant women is done by the Union DSF Committee, headed by the Union Parishad Chairman. Eligibles are entitled to receive 3 antenatal checkups, safe delivery, and one postnatal checkup within 6 weeks of delivery from designated providers. Complicated cases are referred to designated service providers for appropriate treatment. Designated service providers are reimbursed by a



Ramu clinic has been upgraded to meet requirements for Demand Side Financing

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designated bank after submitting evidence of providing specific services to the voucher holders.

The estimated budget of the scheme is Taka 12.26 crores, which will provide services to about 86,000 poor women. The average unit cost for providing services to each pregnant woman is Taka 1,425. The main source of funding will be provided from a government pooled fund. WHO, Bangladesh will provide financial support for one upazila and technical support for the overall DSF Pilot from its 2004-2005 Regular Biennial Budget. The Ministry of Health and Family Welfare (MOHFW) and Directorate General of Health Services (DGHS) will implement the intervention pilot with technical support from WHO, and the PHC Director, DGHS, will monitor and supervise the scheme through direct contact with Upazila DSF Committee.

Target Beneficiaries

Eligibility criteria for the Vulnerable Group Development (VGD) program include:

- Poor and vulnerable women who are resident of the union
- Women who are landless (owning less than 0.15 acre of land)
- Women (households) with extremely low or irregular income earning less than Taka 300 per month per head
- Women who lack productive assets

Voucher Pilot Components

- Designation of maternal healthcare providers
- Identification of eligible poor pregnant women and voucher distribution
- Provision of specified maternal health services–3 antenatal care visits, 1 safe delivery and 1 postnatal care visit – to voucher holders by designated providers

Price Structure for Maternal Health Service Package

Sl. No.	Service Component	Taka
1.	Registration	10.00
2.	Lab tests for 3 ANC visits: 2 blood and 2 urine tests	140.00
3.	Consultation fees for 3 ANC visits and 1 PNC visit	200.00
4.	Safe delivery	300.00
5.	Medicine	100.00
	Total	750.00

Price Structure for Obstetric Complications

Sl. No.	Service Component	Taka
1.	Forceps/Manual removal of placenta/Vacuum	1,000.00
2.	Eclampsia management	1,000.00
3.	C-Section Surgery with medicines	2,000.00

An aim of the scheme is to collaborate with NGOs and the private sector. Accordingly, the GOB identified two pilot sites (Daukandi Upazila of Comilla District and Ramu Upazila of Cox's Bazaar District), and, in the latter, the Smiling Sun clinic at Ramu. In 2005, Ramu clinic started implementing Home Delivery by training two paramedics. To participate in the DSF scheme, the static clinic was upgraded to a Safe Delivery site. The clinic hired a female doctor, 4 paramedics, 3 labor room attendants, and a guard to implement the scheme.

The intervention was inaugurated at Ramu clinic on 9 August, 2006. The following table shows the results to date.

Sl#	Name of the service	Number of clients	NGO Earnings
01.	ANC1	311	Tk. 21,450.00
02.	ANC2	85	
03.	ANC3	26	
04.	Lab services	ANC customers	Tk. 23,590.00
05.	Medicine	ANC customers	Tk. 9,545.00
06.	Delivery conduction	28	Tk. 6,600.00
		Total amount:	Tk. 61,185.00

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. Decentralized FPCSC training in Sylhet and Rangpur Regions

NSDP is decentralizing training among NGOs to build their capacity to train clinic staff. The steps to organizing such training are:

- Identifying the training venue with NGO Project Director and Monitoring Officer (clinic)
- Preparing the training room and practicum site jointly with the NGO, Training Institute, and NSDP clinical staff
- Ensuring set number of clients for practicum sessions
- Utilizing Smiling Sun clinics as a venue for both didactic and practicum sessions
- Utilizing Preceptors (Clinical Coaches) as co-facilitators for practicum sessions.

In the last quarter, decentralized FPCSC training was conducted jointly by AITAM training centre and SSKS in the Sylhet region and with UPGMS in Rangpur. A total 31 paramedics were trained at these two training courses.

NSDP is expanding its collaboration with EngenderHealth. During this past quarter it was decided to utilize PLTM decentralized training for NSDP partner NGOs and GOB; for EngenderHealth to organize IUD training to be conducted by MFSTC for NSDP NGO physicians; to develop a PLTM counseling training curriculum adopted from EngenderHealth's

curriculum; and to refer fistula patients from NSDP catchment areas to EngenderHealth's referral centers (Kumudini hospital in Tangail, LAMB hospital in Dinajpur, Dhaka medical College and Christian Missionary Hospital in Chittagong).

Furthermore, NSDP and EngenderHealth have agreed to work together with DGFP to incorporate NSDP NGO PLTM performance in the government's monthly reporting system, coordinate BCC campaigns to improve PLTM, and focus PLTM activities in 4 City Corporations where there is greater demand, as well as hard-to-reach areas and char areas.

2. Maternal Health Workshop

NSDP organized a maternal health workshop for NGO managers (Project Directors, Project Managers, Monitoring Officers, and Clinic Managers) and NSDP Regional Coordinators in two batches in Dhaka on 21 and 22 August 2006. A total of 33 NGO managers and 8 Regional Coordinators were updated on NSDP's maternal health strategy. The monitoring system and documentation process for maternal health interventions were explained to NGO Managers and they were also updated on critical aspects of delivery care, especially on the partograph, active management of third stage of labor (AMTSL), newborn care and resuscitation. They were also updated on PLTM issues.

Maternal Health Workshop Participated by NGO Managers

3. Refresher Training for Home Delivery

NSDP also organized a one-day refresher training on 23 August 2006 for 21 paramedics who were trained in 2005 and providing home delivery since its inception. The refresher was designed to improve their skills, especially on use of the partograph, active management of 3rd stage of labor, and newborn resuscitation. They were also re-oriented on documenting and reporting home delivery.

Participants are Engaged in Group Work During Training Session

4. TB Control

A Total of 2,100 new cases have been detected

in the last quarter, a 32% increase in TB case management compared to the previous quarter. The case detection rate has been raised to 48%, and the treatment outcome rate, at 89%, has exceeded the global target of 85%.

Under the GFATM program, staff recruitment has been completed for monitoring officers, laboratory technicians, and field supervisors (equivalent to Service Promoters). Newly recruited staff are now in training. NSDP NGOs have begun orienting multipurpose staff, pharmacists in catchment areas, factory workers, HIV/AIDS workers, cured TB patients and community leaders.

The partnership between NSDP partner, CWFD, and FHI partners, CREA and DAM, has been extended until June 2007 so that TB control services may continue to be provided to Injectable Drug Users (IDUs). NSDP and FHI are also discussing the feasibility of partnering to provide Voluntary Counseling and Testing (VCT) services at selected Smiling Sun clinics in Dhaka. To date, an assessment at clinics of two NSDP NGOs, PSTC and CWFD, has been completed. Clinic selection will follow soon.

NSDP NGOs have started conducting the "Public-Private Mixed Partnership" (PPM), a new initiative of the National Tuberculosis Control Program (NTP), to engage the private health sector's medical professionals in the National TB Control Program. Partner NGOs, with the help of the NTP, will play a core role in this initiative.

Asst. Director (Health), Khulna Division, Dr. Md. Abdus Samad Mia,
is delivering his message as a resource person

5. STI Program and Partnership with other USAID Program

A partnership has emerged between NSDP partner, Nishkriti, and FHI partner, YPSA, to provide essential services to street-based sex workers and their family members in selected centers of YPSA in Chittagong. FHI will also provide STI training to NSDP-supported NGO clinic staff. The first batch will be trained in November 2006. A MOU between NSDP and FHI will be signed in October 2006 for these 2 partnerships.

6. IMCI update workshop in Comilla & Chittagong Region

NSDP organized IMCI update workshops for NGO Project Directors, Project Managers, Monitoring Officers, and Clinic Managers in two batches in Comilla and Chittagong for the NGOs that are located in the two regions. 80 NGO managers were updated on IMCI and EPI in the workshops. GOB officials, WHO and GAVI representatives attended to improve coordination at field level. Both facility-based and community-based IMCI interventions were reviewed and next steps to improve implementation were identified.

7. Assessment of Community IMCI

NSDP assessed C-IMCI activities in this past quarter. Findings indicated that Depot Holders are increasing access to acute respiratory illness (ARI) and diarrheal disease (DD) case management services at the community level, particularly for the poor who do not have money to seek services elsewhere. Depot Holders are capable of classifying cases as to severity, and treating the non-severe cases with appropriate doses of medicine based on established protocols. In addition, Depot Holders maintain regular contact with families in their catchment areas, effectively integrate preventive activities such as health education during home visits, mobilize families to immunize their children or seek family planning services, and make referrals. Training of trainers (TOT) at the national level was well developed with extensive participation and ownership from the NGOs such that it provided a solid foundation for cascading both the training and implementation of the C-IMCI to the health facility and community levels.

Despite an increase, Depot Holders are still underutilized for pneumonia treatment. Informants indicated that communities did not yet associate Depot Holders with curative care and that more promotion of Depot Holders' expanded services was needed. In addition, Depot Holders had a tendency to jumble health messages, such that the relative importance of ARI management and CDD may not have been clear.

Review/Assessment of Community IMCI

Interview of Depot Holders and Clinic Staff at Swanirvar Smiling Sun Clinic, Kuliarchar, Kishoreganj, on September 16, 2006

After the field testing of the training package for village doctors, TOT was organized for 2 NGOs on Village Doctor Training on C-IMCI.

8. Community IMCI expansion

C-IMCI has been expanded to 11 more NSDP NGO clinics during this past quarter, totaling 97. TOT for C-IMCI expansion was completed for 58 NGO clinics and 116 clinic staff were trained as C-IMCI trainers. About 1,500 Flip charts on C-IMCI were distributed in 35 Smiling Sun clinics.

9. Smiling Sun Clinics Observed 4th round of 13th Special NID

Smiling Sun Clinics observed the 4th round of the 13th Special National Immunization Day, 6 August 2006, followed by a child-to-child search for 4 days. During this round all under-5 children in clinic catchment areas were vaccinated with two drops of Oral Polio Vaccine. In NSDP's catchment areas, approximately 2.4 million children were vaccinated against polio. In addition, NSDP and NGO officials participated in different events from the national to the grassroots level to promote the NID.

10. Feasibility Study to Improve Low Immunization Coverage in Urban Slums

Despite success with first dose EPI coverage in Bangladesh, full immunization coverage is inadequate, especially in rural areas, and a significant proportion of doses are invalid. Full immunization coverage for children 12-23 months is less than 60% in 22 districts of Bangladesh. Coverage is low in hard-to-reach areas, and is linked to irregular supply of vaccines and immunization sessions. In urban areas, the majority of mothers in slums work, so they have difficulty taking their children to EPI sessions during normal hours.

A combination of strategies may be required for improving immunization coverage in urban slums. There is evidence that lack of information and knowledge contributes to low immunization coverage and invalid doses. Providers lack a clear understanding of invalid doses. Community monitoring of health clinics can result in regular attendance of providers and respectful service, and parents can learn about national immunization days (NID) from community volunteers. A screening tool used in ESD clinics can identify unmet needs for immunization. This is a joint intervention of the Director General of Health Services, Dhaka City Corporation, ICDDR, B, NSDP, and other NGOs in the study area.

Research Objectives

The research is to assess the effectiveness of a combination of interventions for improving immunization coverage in urban slums. Specifically, the following two combinations of interventions will be tested.

Slum 1: (Beguntila & Kalapani) NSDP	Slum 2: Other NGO
a. Screening tool	a. Screening tool
b. NGO normal clinic hour/schedule	b. After office hour/schedule clinic
c. Intensive counselling of mothers or caretakers	c. Training on invalid doses
d. Follow-up of children for completion of shots	d. EPI Support group
e. Training on invalid doses	

Study Areas

Purposively selected slums in zone 8 of Dhaka City Corporation (DCC) area, with a predominantly slum population served by DCC and NGO EPI spots were selected. The slum areas comply with the following criteria: a) unlikely to be demolished in the 18-month study period; b) the mobility of the population is limited; and c) the slums have some educational facilities. The selected slums are divided in two areas. NSDP supported NGO, PSF (Beguntila and Kalapani), will participate in the study.

11. Scale-up of Rickshaw Pullers' Dual Protection Program in 35 clinics

The intervention, implemented by the Population Council and NSDP, is addressing a poor and marginalized high-risk group who regularly visit commercial sex workers (CSWs), and are considered a bridging population between the general population and CSWs. Objectives include increasing knowledge of targeted rickshaw pullers about reproductive health, including contraceptives, safer sex, and STI/HIV/AIDS, with special focus on correct and consistent use of condoms for preventing pregnancy and protecting from infections. There are extensive outreach-level educational sessions, strategic BCC and community mobilization activities, condom

distribution and increasing access to other contraceptives and ESD. Scale-up is based encouraging findings from a pilot intervention with two NGOs last year.

35 sites have been selected based on concentration of rickshaw pullers, existence of brothels or other sources of sex-trade, sea or river port areas, areas with high migration and numerous trade opportunities, geographical distribution and other factors. Orientation of NGO management on implementation has been completed and is now followed by recruitment and training of Community Educators (CEs), one per catchment area, who will be the key personnel to implement the activities. Basic training of the CEs and concerned clinic management teams will be completed by mid October 2006.

12. QI Audits initiated at clinics

QI Audits, aimed at assessing implementation of Quality Monitoring and Supervision (QMS) by NGOs, were initiated in August 2006. While the QMS system offers a cross-sectional view of service delivery quality, the QI Audit provides a longer term snapshot of service quality by measuring dropout rates and continuity of care for critical ESD components. Key sentinel indicators are tracked retroactively to reflect how well a clinic ensures continuum of care.

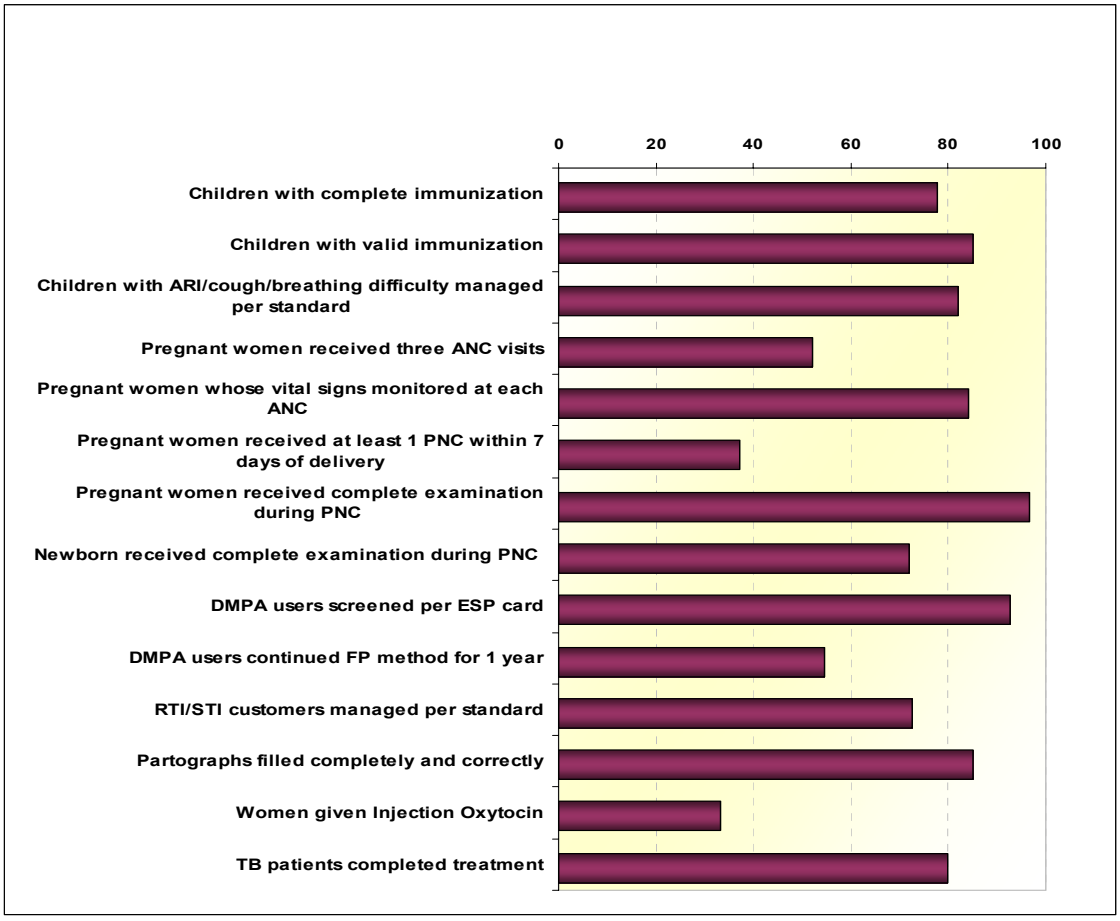
The QI Audits are expected to help NGOs better focus their clinical interventions. Each NGO will conduct an Audit in a sample of its clinics per quarter. NSDP HQ staff are assisting NGOs conduct the Audits.

So far the QI Audit has been conducted in 17 clinics and the major weaknesses are:

1. Completion of three Antenatal Care visits for pregnant women;
2. Postnatal Care within seven days of delivery;
3. Continuation of DMPA Injection for one full year;
4. Administration of Injection Oxytocin at the time of delivery.

Please see the bar chart below. Based on these findings, NSDP is helping the NGOs design appropriate means to overcome the problems.

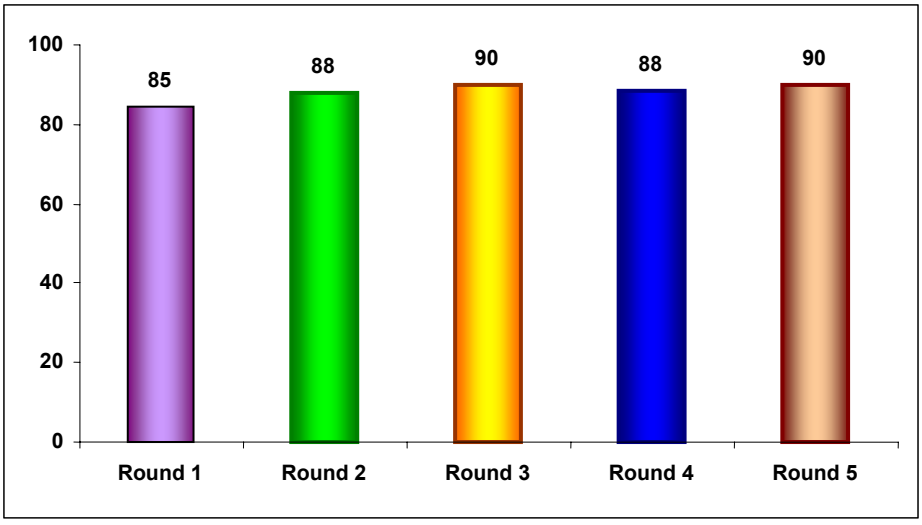
QI Audit Scores



13. Round 5 QMS completed

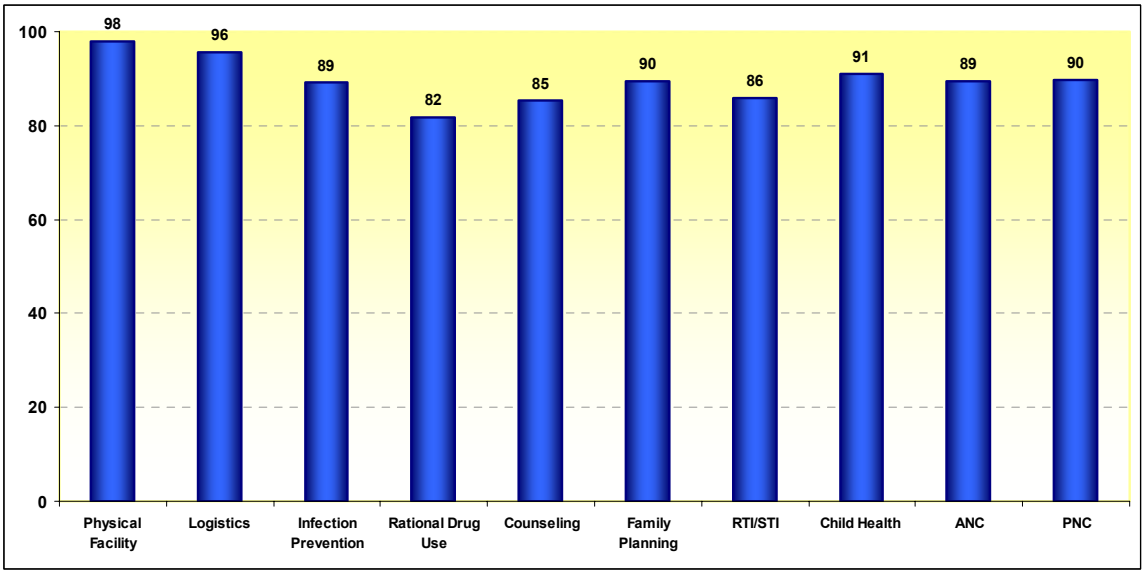
NGOs have completed the 5th Round of QMS and the mean composite score for the Round is 90. However, a fewer number of clinics (195) completed this Round because of fewer NGO clinicians available for the assessment and re-allocation of clinics between NGOs. Provider

QMS Composite Score



skills are moderately good. The areas of weakness are Rational Drug Use and Counseling. Both are areas of focus for NSDP technical assistance in the next quarter.

QMS Observation Scores for Round 5



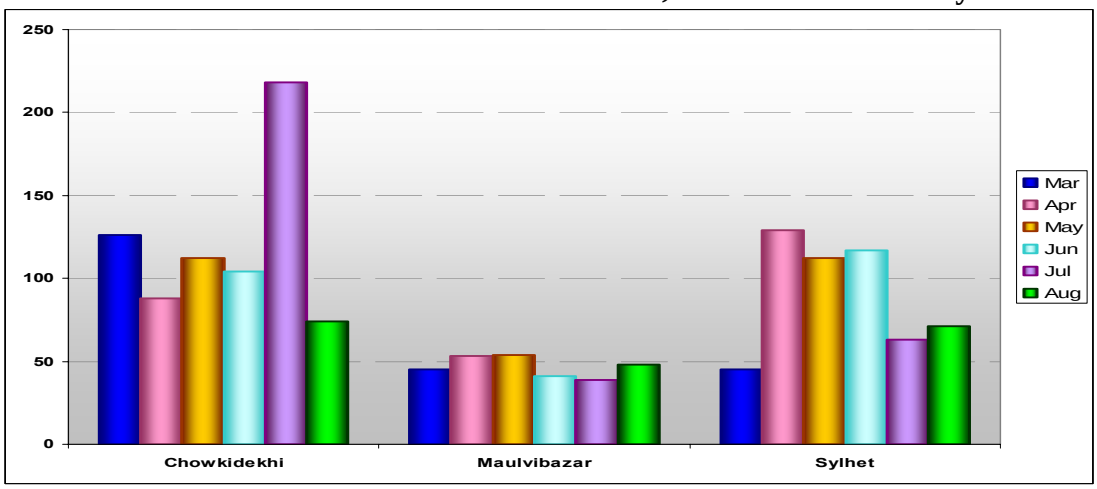
14. Rapid assessment of NSDP's Quality Improvement

NSDP conducted a rapid assessment of its QI activities 15 – 29 August 2006. The report is final and will be disseminated soon.

15. Case Study: PNC within first seven days of delivery

SSKS-Sylhet has demonstrated that PNC can be provided cost-effectively within 7 days of delivery. During the conduct of QI Audit for SSKS-S Chowkidekhi clinic, it was observed that the score for PNC was 100%, meaning pregnant women from the last year whose ESP cards were reviewed for the audit, had received PNC at the clinic. Staff conduct bi-monthly group meetings with traditional birth attendants (TBAs) in which they provide clinical information and updates at Chowkidekhi, Sylhet and Moulavibazar clinics. The TBAs are informed of the positive effects of PNC and encouraged to refer women for PNC within one week of delivery. This activity also increased the number of mothers who sought PNC at the clinic within one day after delivery. While the average number of PNC contacts per clinic in the NSDP network was 65 between March and August 2006, it was 86 at these three clinics over the same period.

Number of PNC 1 visits at SSKS-S Chowkidekhi, Moulavibazar and Sylhet clinics



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

1. Motivational video on PLTM

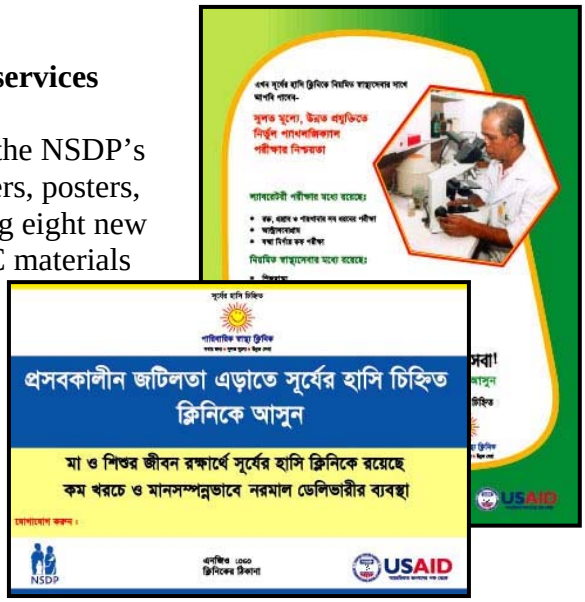
To promote PLTM services in NSDP catchment areas, NSDP has developed a 20-minute video with excerpts from the Enechhi Shurjer Hashi drama moderated by the actor, Riaz. The popular film actor, Riaz, urges the community, especially men, to consider the benefits of a small family, be knowledgeable of PLTM, and choose one suitable for their families. The video will be distributed to Smiling Sun clinics in early November to be shown in clinic waiting rooms and in communities.

2. Dhaka intra-city buses promote PLTM

NSDP developed advertisements for Smiling Sun services to be displayed on Dhaka buses this past quarter. Six Dhaka buses featuring promotional messages on PLTM using the image of Md. Rafique will start moving around the city (Jatra Bari-Savar-Motijheel-Mirpur Kamlapur-Tongi-Fargate –Gabtali) the month of October for one year. The buses will display the messages on the bus' back panel. The services advertised are offered at nearby Smiling Sun clinics.

3. Technology Transfer of BCC materials for 8 new services

To begin transferring BCC and marketing technology to the NSDP's NGOs, several promotional BCC materials such as banners, posters, leaflets, and signboards have been designed for promoting eight new clinic services in communities. The designs of these BCC materials have been sent to the NGOs on CD with color layouts to print these materials locally. The clinics will use these materials for creating awareness in their communities and attracting more customers to the clinics for new services as well as for ESD.



4. Promotion of Smiling Sun clinics by leading newspaper, "Prothom Alo"

Last quarter, NSDP and the daily newspaper, Prothom Alo, signed a contract to promote the Smiling Sun network of clinics. Prothom Alo will publish 18 reports, features, interviews, editorials, and Q&A articles addressing as many activities and issues important to basic health care for the poor. To date, 2 features on Depot Holders' provision of services and Rickshaw Pullers' tinplates advertising Smiling Sun clinics and services, and 1 interview with Smiling Sun Brand Ambassador, Jaya Ahsan, have been published.

5. Umbrellas and Saris designed for clinic staff

NSDP is providing Smiling Sun branded umbrellas and saris for service providers. The umbrellas will be provided to Paramedics, Clinic Aids, Service Promotion Officers, Service Promoters, and Depot Holders. The saris will be provided to Depot Holders. The umbrellas and saris will serve to attract potential customers in communities and motivate providers, especially Depot Holders.

6. Best Performer award 2006

"Best Performer" award was introduced this year to recognize significant contributions made by Smiling Sun providers. The award ceremonies were organized on World Population Day, July 11, 2006 at clinics, and included GOB and community stakeholders. A Best Performer was selected from each clinic among Paramedics, Service Promoters, Counselors, Clinic Aids, and Depot Holders based on nine criteria. The award was comprised of a crest and a certificate.

7. Best Clinic award

NSDP also introduced an award for the "Best Clinic" to encourage NGOs to maintain high standards at their clinics. On the basis of eleven criteria 10 clinics were awarded. The award included a certificate and crest handed over during NGO Coordination meeting held in July.

8. Print materials for Clinics and Community Outreach

NSDP has printed and distributed 10 types of posters, leaflets, brochures and pictorial cards marketing family planning, especially PLTM, ANC, PNC, RTI/STI and EmOC.

9. Mystery Clients

"Mystery Clients" are now in 98 clinics of 12 NSDP NGOs. Another 10 NGOs following the pilot showed interest in the intervention designed to strengthen interpersonal communication skills of service providers.

10. Rafique continues work with NSDP as community spokesperson

Famous national cricketer, Mohammad Rafique, is extending his commitment as a community spokesperson for the Smiling Sun brand through June 2007. His image will be used to increase male involvement in maternal and child health, as well as in permanent and long-term family planning methods. He will speak to communities and his image will be used on billboards, bus branding and in print materials with promotional messages.

11. NSDP collaborates with Flexible Fund, SFPI project

Strengthening Family Planning Initiatives for Increased Community Support and Use of Family Planning Services (SFPI) is continuing its work with NSDP NGO, Fair Foundation, and has requested technical assistance from NSDP. Several meetings were held in the past quarter to determine the level of effort and technical assistance required, including review of the program implementation strategy, a BCC implementation plan, support for BCC print material, support for a PLTM BCC strategy, and design of a community-level campaign and skills development of project staff.

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

1. New Service Expansion

During this past quarter, NSDP has worked with its 33 NGOs to design and begin to establish eight different income-generating health activities, safe delivery, EmOC, laboratory services, health care marts, ultra-sonogram services, home delivery, specialist physician services, and pharmacies, which will increase NGO revenues and subsidize the ESD package. NSDP has provided implementation guidelines for each of these 8 new services and is providing NGO- or clinic-specific technical support and training to ensure implementation of the new services. The following table shows implementation status.

= on schedule
= ahead of schedule
= planned
= behind schedule

S/N	Action steps	Income Generating Service Expansion Implementation Plan											
		Jul '06	Aug '06	Sept '06	Oct '06	Nov '06	Dec '06	Jan '07	Feb '07	Mar '07	Apr '07	May '07	Jun '07
1	**Safe Delivery (12 clinics)**												
1.1	Staff recruited and trained for safe delivery service		9	3									
1.2	Clinics fully equipped for safe delivery service			6									
1.3	Clinics have DGHS approval for initiating service			12									
1.4	Cilinics providing safe delivery				4								
2	**EmOC (14 clinics)**												
2.1	Staff recruited and fully trained for EmOC	5		9									
2.2	Clinics have all necessary EmOC equipment	8		6									
2.3	Clinics have License/Approval from DGHS			2									
2.4	Clinics providing EMOC				2								
3	**Laboratory Services (60 clinics)**												
3.1	Laboratory Technicians recruited and trained			31									
3.2	Laboratories physically equipped			22									
3.3	Laboratories have approval from the concerned authority for operations			13									
3.4	Laboratories fully operational			7									
4	**Health Care Mart (55 clinics)**												
4.1	NGOs have relevant trade licenses			29									
4.2	MOUs signed with respective pharmaceuticals			5									
4.3	Health care marts fully equipped			21									
4.4	Health care marts operational			21									
5	**Ultrasound (19 clinics)**												
5.1	USAID approval received, for procuring ultrasound machines		0										
5.2	Procurement and installation of ultrasound machines complete,			0									
5.3	Trained Sonologist available at clinics												
5.3	Clinics providing ultra-sonogram service												
6	**Home Delivery (43 clinics)**												
6.1	NGOs have identified and trained relevant personnel			40									
6.2	procured			18									
6.3	Home-based delivery initiative fully operational			18									
7	**Hired Consultants (27 clinics)**												
7.1	Clinics have signed MOUs with the identified Consultants			11									
8	**Pharmacy (23 clinics)**												
8.1	NGOs have drug licenses			5									
8.2	MOUs signed with respective pharmaceuticals			5									
8.3	Pharmacy fully equipped			5									
8.4	Pharmacy operational			5									

2. NGO Leaders Capacity Built on Clinic Construction Management

A majority of NSDP NGOs' static clinics are still in rented premises. To help ensure long-term sustainability for NGOs, NSDP is constructing clinic buildings for NGOs using their accumulated NGO program income fund. In 2005-2006, USAID approved using program income to construct 11 new Smiling Sun clinics. Construction of all the clinics was completed and health care services are now being provided from the new clinic sites. In 2006-2007, USAID approved constructing 15 clinics for 12 NGOs. Progress towards completion of construction is shown below.

Serial No	Construction Management Activity	Swarnirvar (Delduar) - type D	Swarnirvar (Bhuapur) - type D	Swarnirvar (Dhanbari) - type D	Swarnirvar (Lalmohon) - type D	CAMS - type A	PSTC - type A special	BMS - type A	IMAGE - type A special	PSKS - type B	GKSS - type D	Kanchan Samity - type D	VPKA - type E	Shimantik - type E	Sopiret - type E	UPGMS - Extension	Notes/Comments
1	Appraise suitability of land	√	√	√		√	√	√	√	√	√	√		√	√		
2	Send pre-notification letter to NGOs	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
3	Submit site location lay-out plan and implementation chart					√	√	√	√	√	√	√	√	√	√		
4	Approve lay out plan and implementation chart					√	√	√	√	√	√	√	√	√	√		
5	Validate land documents & obtain legal opinion from lawyer	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
6	Open clinic construction bank account	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
7	Sign legal contract with NGO	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
8	Release and transfer 1st installment of funds	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
9	Form NGO clinic construction implementation team	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
10	Recruit Site Civil Engineer and develop contract letter	√				√	√	√	√	√	√	√	√	√	√		
11	Obtain approval of building lay out plan from Gov't, as needed					√	√	√	√	√	√		√			√	
12	Hold orientation mtg w/ relevant NGO persons (EC, PD, FAM, PIO, F	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	
13	Initiate construction					√		√	√	√	√	√	√	√	√	√	
14	Submit construction update report to NSDP																
15	Conduct physical inspection, after ground floor and interior walls built																
16	Submit monitoring report to Muni on progress and issues																
17	Circulate Engineer's report to relevant staff*																
18	Formally request release of 2nd installment of funds																
19	Release 2nd installment of funds																
20	Conduct physical inspection, after 2nd floor built (A type)																
21	Submit monitoring report to Muni on progress and issues																
22	Circulate Engineer's report to relevant staff*																
23	Formally request 3rd installment of funds																
24	Release 3rd and final installment of funds																
25	Conduct visual inspection of completed structure																
26	Acceptance & issuance of completion report to NGO																
27	Staff and equip clinic appropriately																
28	Hold inauguration of the clinic																

NSDP organized "Clinic Construction Management Orientation Training" for the 12 NGOs in Dhaka on 14 September 2006. Sixty six from 12 NGOs including 12 site engineers, 3 NSDP engineers, 12 NGO Contact Persons, 12 Project Directors, and 12 Finance and Administration Managers attended the orientation. The orientation was supported by four NSDP Desk Officers and 7 NSDP Regional Program Coordinators. The training agenda included financial management of clinic construction, construction contract obligations, and technical construction issues.

During last year's construction we discovered inappropriate building layouts, variable structural designs, a lack of engineering supervision, and less than optimal land utilization and construction quality. To address these problems, NSDP engaged a senior engineer for construction management and two mid-level engineers. Their duties include:

- Orientation on construction management to NGO leaders and managers, including site engineers;
- Preparation and approval of PIP (Project);
- Scrutiny, changes and approval of building layout plans;
- Structural design of all typical clinic buildings (A, D, E);
- Need-based technical advice to NGO site engineers;
- Periodic site supervision of all constructions;
- Monitoring of physical construction activities as per schedule;
- Quality assurance of building construction;
- Overall supervision and reporting.

Monitoring tools were also developed. The President of BMS, Narayanganj, Mrs. Shahana Khanam Chowdhury signs NSDP clinic construction agreement (MOA) with the Chief of Party.

3. Final MOCAT Assessment of NGOs

The MOCAT (Modified Organizational Capacity Assessment Tool) has been utilized by NSDP to develop effective technical assistance for the NGOs and to measure NGOs' progress towards sustainability. An external baseline assessment was conducted during the first year of the project, and two annual self assessments were carried out by the NGOs in 2004 and 2005. NSDP determined that the best strategy for the final year of the project was to conduct another full external assessment of all NGOs. This assessment will us to compare progress against the baseline, and give USAID the clearest picture of what capacity building has occurred during the course of the project. NSDP will contract ACNielsen to assist its staff in conducting the assessment from November to January 2007.

4. Succession Planning and Leadership Development

MOCAT scores over the past 3 years reveal NGOs perform better implementing the program than in developing their NGOs as viable institutions. In the past quarter, NSDP began working with seven national or regional NGOs (CWFD, Kanchan Samity, BAMANEH, PKS, SSKS, Fair Foundation, and Swanirvar Bangladesh) that are strong candidates for improved leadership development and succession planning. NSDP has engaged a short-term consultant to provide

technical assistance in these areas. In September the consultant began discussions with the selected NGOs

5. Laboratory services training for NSDP NGOs

Comprehensive laboratory services are expanding to 60 more clinics in the Smiling Sun network. Clinics that already have laboratory services are also expanding their range of laboratory services. NGOs have recruited Laboratory Technicians, but the majority do not have three-year diplomas in laboratory technology. NSDP therefore signed a MOU with the Diabetic Association of Bangladesh on August 21, 2006 to organize a one-month training course for the technicians. The first batch of 28 were trained in September.

6. NGOs Use Cost and Revenue Tool (CORE)

Nine (9) more NGOs (VPKS, MMKS, Fair Foundation, JTS, CWFD, Swanirvar, PKS-Jessore, PSKS, SOPIRET) were introduced to the CORE modeling tool within a performance improvement framework of root cause analyses, design interventions, and action plans for clinics.

Cost and Revenue Information Generated by CORE

A	B	C	D	E	F	G	H
	Cost recovery, FP	Cost recovery, MCH/ Obstetric care	Cost recovery, curative care	Average cost per services	Average net revenue per services	Average surplus/loss per Services	Average percentage of costs recovered
PKS_K	20%	21%	**65%**	27	6	-21	25%
Kanchan	19%	20%	32%	19	5	-14	28%
SSKS	7%	20%	16%	48	5	-43	19%
BAMANEH	28%	22%	16%	23	5	-18	22%
BMS	20%	**28%**	29%	22	6	-16	**31%**
PSTC	7%	19%	13%	32	4	-28	16%
Fair Foundation	6%	10%	11%	24	4	-20	15%
JTS	12%	14%	12%	17	2	-15	15%
MMKS	**30%**	21%	26%	21	5	-17	27%
PSKS	20%	25%	20%	21	5	-17	27%
CWFD	13%	22%	23%	33	**9**	-25	24
Swanirvar	15%	18%	15%	23	3	-20	17
VPKA	19%	12%	6%	19	2	-17	14
SOPIRET	17%	22%	13%	25	4	-21	17
PKS_J	10%	12%	13%	**8**	2	**-6**	12

Note: for columns B-D, F&H, bold figures represent “highest”; for columns E & G, bold figures represent “lowest”

With costing information from the study and follow-on CORE training, NGOs now have more information to review their pricing structures. NSDP is helping the NGOs review their exiting pricing structures use this information.

7. Performance-based Reimbursement Scheme

NSDP is conducting "phone interviews" of clinic managers participating in the performance-based reimbursement scheme (PBRS). Each of the interviews takes roughly about 20 minutes. The purpose of the phone interview is to determine whether the PBRS is being implemented as intended and if the NGOs are providing assistance in recruiting more customers. From the phone interviews we have found that, out of 21 clinics that have been contacted, around 38% of the clinics (8) require follow-up. The perceptions from the interviews conducted are:

- clinics are serving more POP customers with free drugs since introducing PBRS

- clinics are engaging in a variety of techniques to increase customers and revenue
  - use volunteers to help recruit new customers (poor and paying)
  - use more lab tests (profit margin is large)
  - target pregnant women for HBC (paying)
  - increase promotional activities for HBC (distribute leaflets)
  - promote healthcare marts
  - increase fee collection
  - ask community for donations and display names of donors in the clinics

Bonus amounts of this quarter will be calculated in early next quarter.

8. Serving the Poorest of the Poor

A revised Bangla guideline on serving the poorest of the poor has been sent to the NGOs in this quarter. The changes are as follow:

Previous policy	Revised policy
Renewal and/or update of poorest of the poor	
Adopt participatory rapid appraisal method to identify poorest of the poor	Get endorsement from the stakeholders/community leaders
Green color health benefit card (or LA card) for poorest of the poor	
1. Renewal fee is optional	1. No renewal fee 2. Medicines, commodities and lab tests must be made available to all poorest of the poor holding green

	color card, as per the prescription of the provider
Pricing and exemption policy for the poorest of the poor	
1. Registration fee is allowed 2. Normal and other delivery to be provided with some discounts 3. Condom and Postinor can be sold to poorest of the poor customer 4. Hepatitis B to be provided with payment (if the vaccine is bought from sources other than GOB) 5. Lab tests for ANC (other than Hb%, Urine Sugar and Albumin) can be charged 6. Medicines and lab tests for Malaria treatment to be provided with payment (if the bought from sources other than GOB) 7. Lab tests to be provided with payment (if referred from external centers) 8. LCC which are beyond ESD (e.g. diabetes, etc.) to be provided with payment	No charges for service (including medicines, lab tests, and commodities) are allowed
Sources of free medicines, lab tests & commodities for poorest of the poor	
1. Transfer from RDF to LA account to serve the poorest of the poor subject to approval from NGO Executive Committee 2. Use program income to serve poorest of the poor subject to approval from NSDP 3. Funds from sale of disposable equipment to serve poorest of the poor subject to approval from NSDP	1. Transfer from RDF to LA account is not necessary 2. Use of program income to serve the poorest of the poor is not allowed 3. Funds from sale of disposable equipment to serve the poorest of the poor is not allowed

As of July, the total number of poorest of the poor ELCOs identified in all NGOs is 230,800 (which is 6% of the total catchment ELCOs that the clinics serve). Of the identified, 63% have received free health benefit cards entitled to them.

9. Health Benefit Cards for Paying Customers

From 63% of the clinics in the previous quarter reported, 89% of the clinics were selling HBCs to paying customers in this past quarter. Since the last quarter of 2005, a total of 43,146 HBCs have been sold to customers, slightly higher than 1% of the total number of families in the catchment population.

10. Improved NGO MIS and Use of Data for Decision Making

Based on recommendations from NSDP and with the help of selected NGOs, MIS forms were streamlined and revised to ensure the availability of data for new service expansion and other NSDP activities. NSDP organized a one-day orientation for NGO MIS Officers (or person responsible) on the revised system. The revised forms were introduced to all clinics on September 1, 2006, following revision of the comprehensive guidelines. The more user friendly MIS database now has two strong query builders that will significantly reduce the NGOs' burden. The database will also help the NGOs ensure data quality, improve program management, and use data for decision making.

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

1. New Director General of Family Planning

Mr. Md. Abdul Mannan was appointed Director General Family Planning during the first week of July and assumed the position on July 26. He is the third Director General during the last 4 years of NSDP. He replaced Mr. Akmall Hossain Azad who was made an Officer on Special Duty. Mr. Abdul Mannan is a Joint Secretary to the GOB and, like his predecessor, he is a member of Bangladesh Civil Service (Administration). He was briefed by NSDP's COP and Senior Policy Advisor on August 24, 2006 on ESD rendered by Smiling Sun clinics with particular references to pro-poor initiatives and efforts to advance NSDP NGO sustainability. We acknowledged the regular logistics support provided by DGFP following the provisions of SOAG, as well as his facilitation of GOB affiliation to NSDP NGO clinics identifying the respective catchment areas. The DG was invited to visit Smiling Sun clinics during the his field trips, and advised that he was the Chairperson of the NIPHP Working Group for NSDP.

The new DG appreciated the complementary services extended by NGOs to the GOB in its implementation of the national population policy. The DG assured that he would continue to provide all necessary support to NSDP NGOs to achieve the millennium development goals in the PHN sector.

2. DGHS-NSDP Coordination Committee holds first meeting after reconstitution

The DGHS and NSDP Coordination Committee was reconstituted on July 18, 2006 with 11 members from DGHS and the Director of PHC as the Chair. The reconstituted committee met for the first time on September 20, 2006. At the meeting, the Terms of Reference of the Committee were adopted, and NSDP made a presentation of its recent activities, focusing on service delivery, efforts to serve the poor, and NGO sustainability.

The meeting also deliberated on DGHS and NSDP collaboration for EPI services. It was decided that a circular would be issued by DGHS to facilitate the DGHS and NSDP collaboration in expanding coverage of routine immunization.

3. MOHFW operationalizes Community Clinics

Secretary, MOHFW, chaired a meeting to take stock of the Community Clinics' current status and to explore operationalizing them. The GOB in 2003 gave six community clinics to NSDP in six divisions of the country to manage on pilot basis for one year. However, six NSDP NGOs are still managing these clinics. USAID, DFID, CIDA and GOB jointly undertook an evaluation of the pilot and the results were positive.

GOB has built more than 10,000 community clinics from 1998 to 2001. Most of the clinics were not used. Many are decaying from lack of care and maintenance. NSDP recommended that the clinics be contracted to NGOs to provide ESD under HNPSP policy of diversification of services by GOB. The meeting adopted that suggestion.

ANALYSIS OF SERVICE STATISTICS and COMPLIANCE

1. Service Contact Projections

Smiling Sun providers made over 28 million service contacts in FY 2006, but some targets could not be met.

NSDP Achievements Relative to Goals

Indicator	FY06		Projection for FY07	Achievement in Q4 of FY06	% achieved in Q4 of FY06 compared to projection for FY07
	Achievement	% Achieved			
Total service-contacts (million)	28.146	97	30.500	7.368	24
CYP ((million)	1.317	99	1.400	0.335	24
CYP for non-clinical contraception (million)	1.265	102	1.300	0.324	25
# of children who received DPT1 (million)	0.334	NA	0.360	0.08	22
# of children immunized against measles (million)	0.323	94	0.350	0.083	24
# of children treated for pneumonia (million)	0.158	85	0.190	0.038	20
# of TT2+ dosed given to pregnant women (million)	0.521	NA	0.500	0.15	30
# of ANC3+ visits (million)	0.452	NA	0.500	0.124	25
# of confirmed TB cases managed	3,809	93	4,000	1138	28
% of clients who are poor	17	81	23	18	78
% of cost recovery	20	74	Urban (24) Rural (19)	22 18	92 95
Cost per service-contact (Tk.)	18.90	NA	Urban (20.) Rural (13.)	30.66 14.58	
% of clinics with stock-outs for FP commodities - Pill - Condom - Injectable - IUD - Norplant	 2 6 5 9 32	NA	 1 1 3 5 12	 2 12 9 20 47	

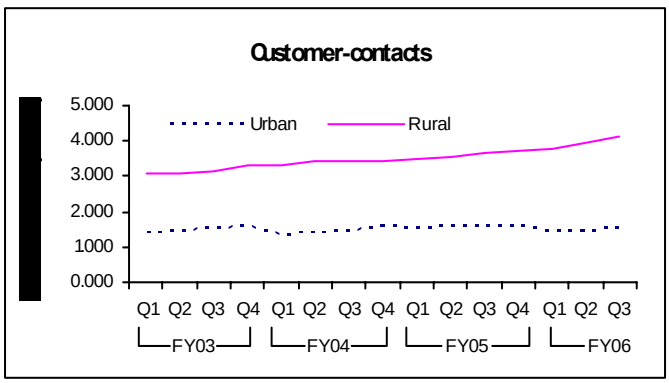
Service delivery targets for FY 2006 were almost achieved. CYP for non-clinical contraception was achieved. The number of service contacts for measles vaccination lagged slightly (94%). However, new GOB policy on EPI supply and organizing satellite sessions has negatively impacted on NSDP services. Apparently, NGO immunizations during campaigns have not recorded either. TB service provision continues to perform well. Although service contacts continue to increase, the proportion of poor served has decreased to 17%. The cost recovery rate remained at 20%, but the income-generating schemes were only piloted during the past fiscal year and expansion of income-generating services will be greater in the coming fiscal year.

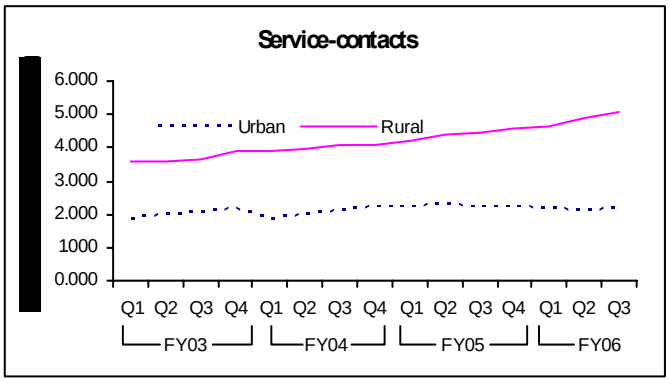
NSDP Achievements Relative to Goals: Historical Perspective

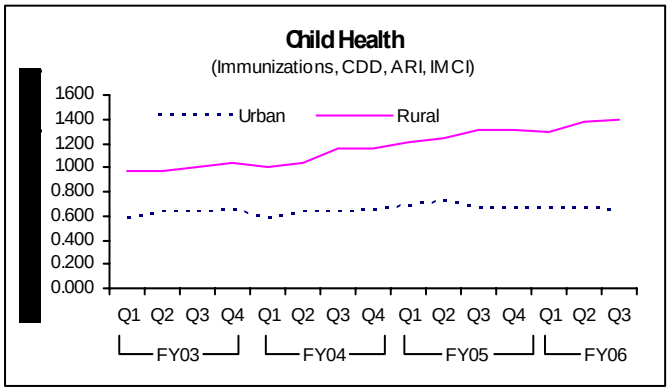
Indicator	Yearly			Quarterly		
	FY05 (Sep04 - Aug06)	FY06 (Sep04 - Aug06)	% change	Jun 05- Aug 05	Jun 06- Aug 06	% change
Total service-contacts (million)	26.478	28.146	6	6.857	7.368	7
CYP ((million)	1.199	1.317	10	0.314	0.335	7
CYP for non-clinical contraception (million)	1.12	1.265	13	0.296	0.324	9
# of children who received DPT1 (million)	0.337	0.334	-1	0.080	0.080	0
# of children immunized against measles (million)	0.315	0.323	3	0.084	0.083	-1
# of children treated for pneumonia (million)	0.169	0.158	-7	0.042	0.038	-10
# of TT2+ dosed given to pregnant women (million)	0.483	0.521	8	0.126	0.15	19
# of ANC3+ visits (million)	0.474	0.452	-5	0.126	0.124	-2
# of confirmed TB cases managed	3075	3809	24	805	1138	41
% of clients who are poor	19	17	-11	19	18	-5
% of cost recovery	18	20	11	19	23	21
Cost per service-contact (Tk.)	15.67	18.90	21	16.80	19.43	16
% of clinics with stock-outs for FP commodities						
- Pill	2	2	0	1	2	100
- Condom	2	6	200	2	12	500
- Injectable	6	5	-17	5	9	80
- IUD	8	9	13	7	20	186
- Norplant	18	32	78	19	47	147

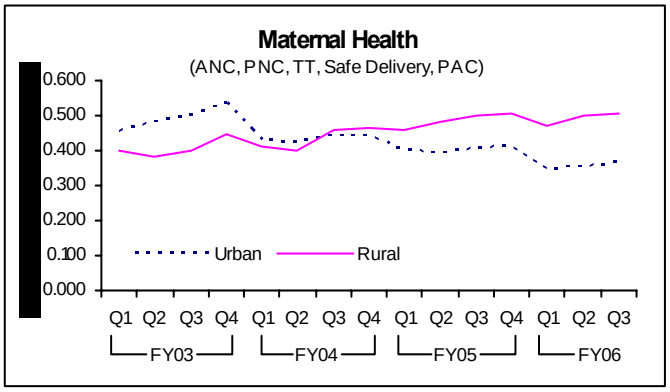
Trends have been positive over the past two fiscal years for most performance indicators. Regrettably, the number of ANC3+ has decreased, as has the proportion of clients who are poor.

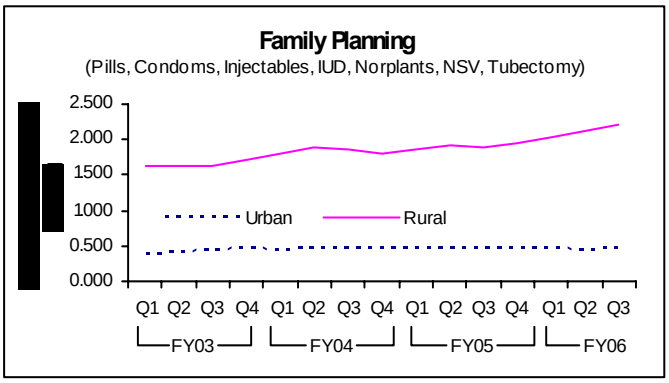
The following graphs show quarterly service contacts at rural and urban NSDP clinics by type of service from FY 2003 through the third quarter of FY06. Rural clinics experienced more rapid growth overall than did urban clinics. NSDP's urban clinics must do more to attract new customers and retain existing ones.

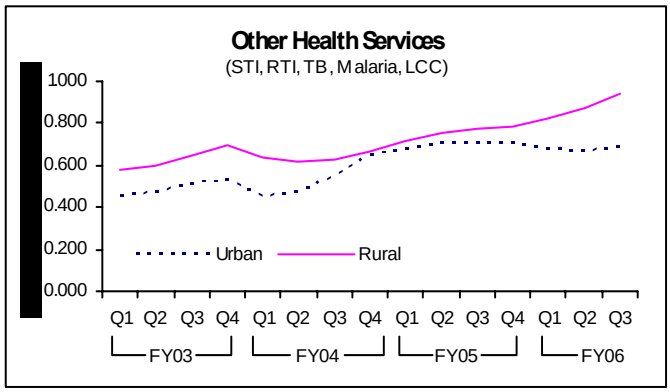






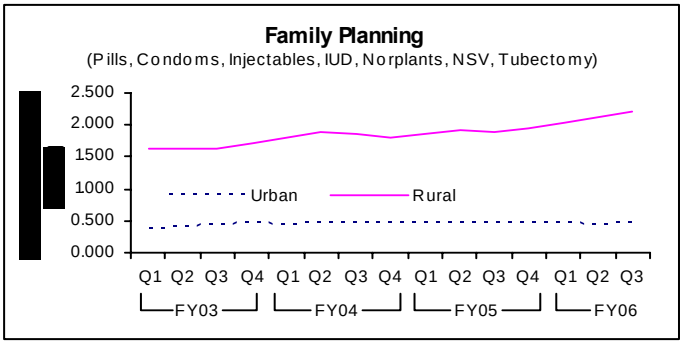


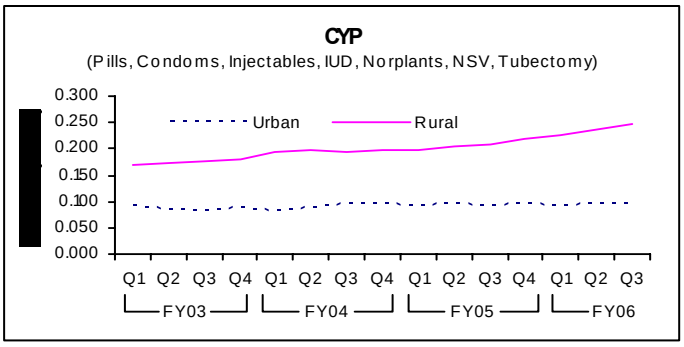


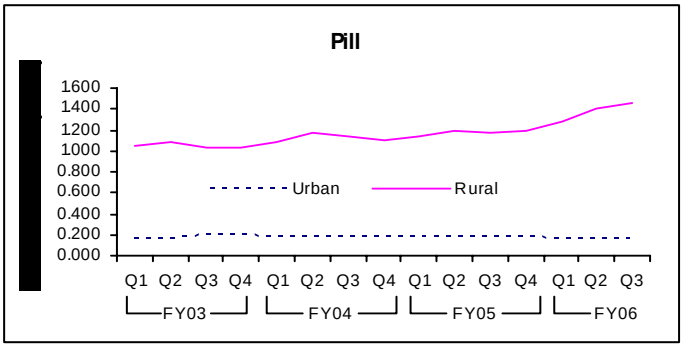


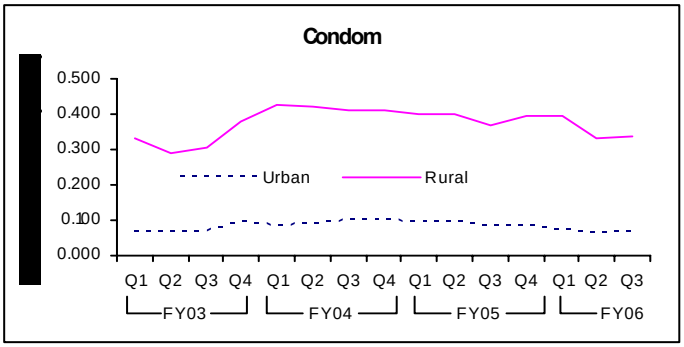
The following graphs show that family planning service contacts and couple years of protection (CYP) have grown appreciably over the years, especially in rural areas, but PLTM service contacts have fallen, as is the case nationally.

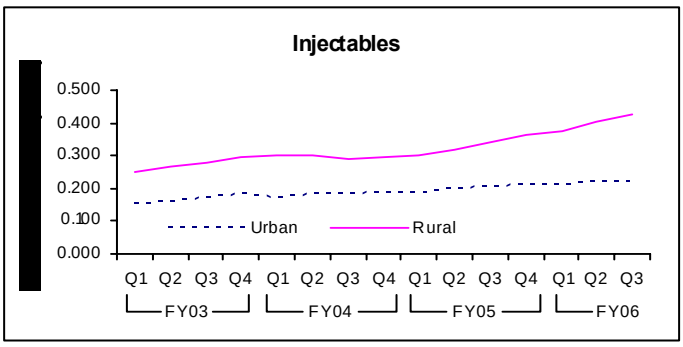
NSDP is implementing a strategy to rejuvenate PLTM activities in FY 2007. NSDP will implement a BCC/Marketing strategy, which will include training of counselors, paramedics, and other clinic staff, as well as improved follow-up of PLTM customers at the community level. NGO managers and providers have become discouraged about offering PLTM services because of the established policies and restrictions. NSDP will orient NGOs to policy boundaries associated with Helms, Tiahrt, and MCP.

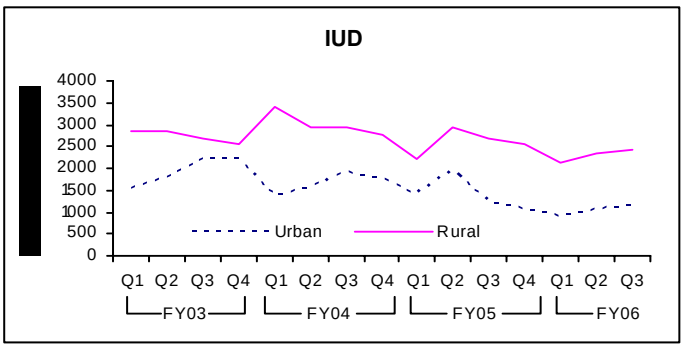

Family Planning
(Pills, Condoms, Injectables, IUD, Norplants, NSV, Tubectomy)
2.500
2.000
1.500
1.000
0.500
0.000
Urban
Rural
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3
FY03
FY04
FY05
FY06

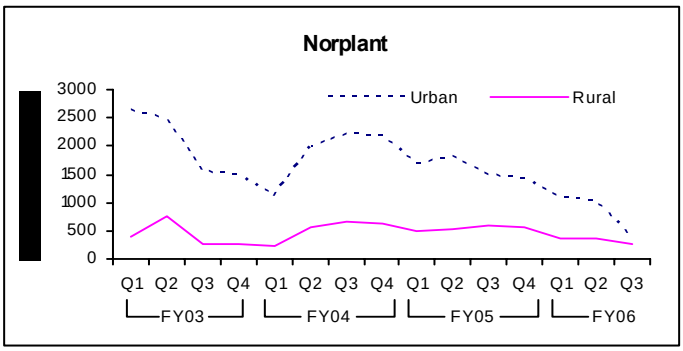

CYP
(Pills, Condoms, Injectables, IUD, Norplants, NSV, Tubectomy)
0.300
0.250
0.200
0.150
0.100
0.050
0.000
Urban
Rural
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3
FY03
FY04
FY05
FY06


Pill
1600
1400
1200
1000
0.800
0.600
0.400
0.200
0.000
Urban
Rural
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3
FY03
FY04
FY05
FY06


Condom
0.500
0.400
0.300
0.200
0.100
0.000
Urban
Rural
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3
FY03
FY04
FY05
FY06


Injectables
0.500
0.400
0.300
0.200
0.100
0.000
Urban
Rural
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3
FY03
FY04
FY05
FY06


IUD
4000
3500
3000
2500
2000
1500
1000
500
0
Urban
Rural
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3
FY03
FY04
FY05
FY06


Norplant
3000
2500
2000
1500
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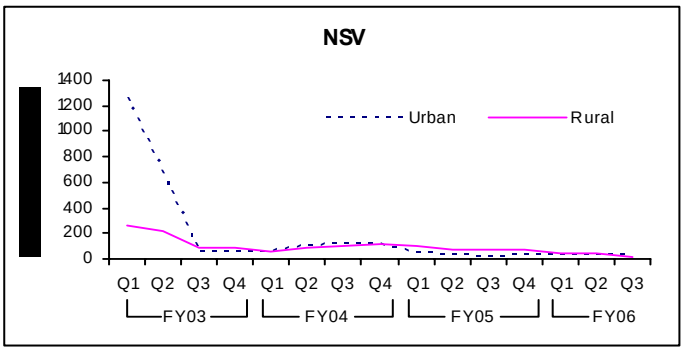
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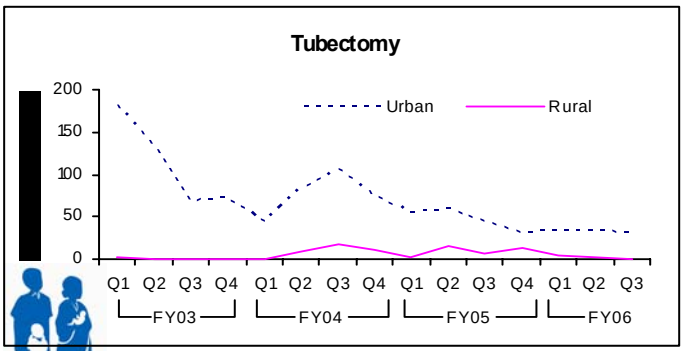
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2. MCP, Tiahrt and Helms Monitoring

This past quarter, NSDP headquarters and regional staff visited 121 clinics (93 Smiling Sun clinics and 28 non-USAID funded clinics), including 14 safe delivery clinics and 8 hard-to-reach clinics, as well as 23 NGO headquarters. We assessed 964 clinic staff on their knowledge of MCP, Tiahrt and Helms restrictions, including 4 Project Directors/Project Managers, 98 Clinic Managers, 31 Medical Officers, 338 Paramedics, 112 SP/SPOs, 56 Counselors, 81 Clinic Aids, 197 Depot Holders, and 47 others.

Virtually all respondents (97.5 %) 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. 89.5 % of NGO personnel are aware of the exceptions permitted under the MCP. 88.7 % of NGO are aware of the consequences of violating the MCP.

In this past quarter, about 47 % of clinics received monitoring visits from either NSDP staff or NGO staff. More than 76 % of the Smiling Sun clinics held refresher courses on the requirements. 96 % of clinics 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 Indicators for June, July, and August 2006

Indicator	No. of clinics
Clinics providing at least one passive response	0
Clinics providing referral for MR under very special circumstance	0
Clinics subject to monitoring visits	447
Clinics holding refresher meeting	726
Clinics which held monthly Depot Holder debriefing meetings (Total Clinic = 468)	447

3. NGO HQ Monitoring for VPPP Compliance

NSDP conducted monitoring visits at 24 NGO headquarters to ensure adequate documentation at NGO headquarters level. Use of the sub-recipient monitoring tool generated the following results:

1. NGO management demonstrated awareness of project monitoring status.

2. Presence of compliance related documents. 21 of the 24 monitored NGOs have the "Pathfinder International Standard Provisions of award to non-US Organizations," 10 of the 24 NGOs have written resolutions regarding their position on abortion/MR as a method of family planning. 13 of the monitored NGOs have human resource policies in place regarding its position on the performance of abortions/MRs by their staff.

NSDP has completed its annual compliance monitoring for this quarter which included all the NSDP Smiling Sun clinics, all non-NSDP funded health clinics of NSDP NGOs and all NGO headquarters. NSDP clinics are again categorized into regular and vulnerable clinics depending on their service range and accessibility for monitoring. Following are the frequencies of monitoring:

Type	Frequency of monitoring
NSDP NGO headquarters	Twice yearly
Non-NSDP funded clinics	Twice yearly
NSDP safe delivery clinics	Twice yearly
NSDP hard-to-reach clinics	Twice yearly
NSDP clinics other than safe delivery clinics and hard-to-reach clinics	Once yearly

4. Budget

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

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