



USAID | **BANGLADESH**
FROM THE AMERICAN PEOPLE

SMILING SUN FRANCHISE PROGRAM

YEAR 3 WORK PLAN

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ACRONYMS

AITEM	Associate in Training and Management
ANC	antenatal care
ARI	acute respiratory tract infection
BATB	British American Tobacco- Bangladesh
BCC	behavior change communication
BCCP	Bangladesh Center for Communications Programs
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
BOT	build, operate, transfer
CA	Cooperating Agency
CAG	community action group
CDD	Control of Diarrheal Disease
CDK	clean delivery kit
CHTF	Child Health Task Force
CLQC	clinic level quality circles
COTR	Contracting Officer's Technical Representative
CMT	clinical management training
CPR	cardiopulmonary resuscitation
CQC	clinic quality council
CSG	community support group
CSP	Community Service Provider
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Service
DOTS	Directly observed treatment short course
DPT3	Diphtheria, Pertusis, Tetanus
DSF	Demand Side Financing
EPI	expanded program of immunization
EMOC	emergency obstetric care
ERP	enterprise resource planning
ESD	essential services delivery
FAM	Finance and Administrative Manager
FDT	Franchise Development Team
FHI	Family Health International
FMO	franchise management organization
FOT	Franchise Operations Team
FP	family planning
FPCSC	family planning clinical services course
GFTAM	Global Fund for Tuberculosis, AIDS and Malaria
GIS	Geographic Information System
GoB	Government of Bangladesh
GP	GrameenPhone
HH	house hold
HNPSP	Health, Nutrition, Population Sector Program
HR	human resources
ICDDR,B	International Center for Diarrheal Disease Research, Bangladesh

IHC	Integrated health centers
IMCI	integrated management of childhood illnesses
IT	information technology
LAPM	Long Acting and Permanent Methods
LOI	Leaders of Influence
MC	membership council
M&E	monitoring and evaluation
MIS	management information system
MO	Monitoring Officer
MOHFW	Ministry of Health and Welfare
MOU	Memorandum of Understanding
MSA	Management Support Agency
NGO	nongovernmental organization
NSV	no scalpel vasectomy
NWT	National Working Team
ORS	oral rehydration salts
PAC	Program Advisory Committee
PAC	Post abortion care
PD	project director
PDSA	Plan-Do-Study-Act
PIP	Program Income Plan
PNC	postnatal care
QMS	quality monitoring system
RFA	Request for Applications
RFP	Request for Proposals
RTI	reproductive tract infection
SCAT	static clinic advisory team
SCSG	satellite clinic support group
SS	Smiling Sun
SSFP	Smiling Sun Franchise Program
SSHS	Smiling Sun Health System
SMC	Social Marketing Company
SMIC	Safe Motherhood and Infant Care
SMS	Short Messaging System
SP	service provider
STI	sexually transmitted infection
TB	tuberculosis
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

During the second year of implementation, the Smiling Sun Franchise Program (SSFP) continued building the foundations of the largest full social franchise in the world by successfully registering Smiling Sun Health Services, an entity that will be able to assume all the functions planned for the Franchise Managing Organization (FMO). SSFP also strengthened the FMO governing bodies such as the Board of Directors and the Program Advisory Committee (PAC), which since their inception started providing important support to the project.

Additionally, SSFP made important progress in strengthening its relationship with its government counterparts in the health and family planning directorates, resulting in a record year in terms of family planning output, as the network offered over 1.4 million couple years provided (CYP), the highest number since the USAID funded rural and urban NGO based programs were assembled together.

This year the network continued improving its financial sustainability, even after substantial salary increases and despite of additional investment in training, two important non service volume related expenses. SSFP also continued investing in quality improvement throughout the network so it can continue creating a base of loyal clients.

One significant outcome is that SSFP started revering strong decreasing trends in a series of key services. The project's fifth quarter was the lowest in terms of service output. Since then SSFP has continuously improved due to a mix of promotional activities, staff training and better clinic staff incentives.

During year three, SSFP will continue cementing the bases for a solid social franchise that can simultaneously deliver quality services, generate additional revenues, and increase overall sustainability while continue offering services to the poor. This year is critical as the project approaches the final stages of the transfer phase of the BOT process, prior to allowing the FMO to operate on its own.

SECTION I. CONTEXT AND ACCOMPLISHMENTS

A. Background

Purpose and Organization. The current Year 3 work plan results from a collective effort that builds on accomplishments, learned from previous years, ideas and suggestions from stakeholders such as partnering NGOs (Franchisees), other cooperating agencies (CA) such as EngenderHealth, Family Health International, Social Marketing Company and Save the Children and representatives from the Health and Family Planning Directorates of the Government of Bangladesh (GoB). Stakeholder input was discussed in a series of meetings. These ideas were shared with all SSFP staff, who worked for three days to define specific activities and timing. To the extent possible, activities were in alignment with suggestions by stakeholder and program objectives. Once finalized, activities were again shared with a group of NGOs, to verify that initial contributions were actually addressed. USAID worked with SSFP staff in all steps of the exercise. Chemonics home office also supported the development of the work plan.

After working on technical, operational and financial sustainability for the first two years, in year 3 SSFP will cement the foundations that will make the franchise management organization (FMO) fly on its own, by fully developing functions central to its role. With USAID support, SSFP will continue to develop the necessary structures to establish the largest full social franchise in the world.

Project Description. SSFP is unique as it combines the creation of a social franchise with financial, social and programmatic objectives. Within this context, the program must expand service access; continue serving the poor and increase financial sustainability. This combination can make it somewhat difficult to balance the concepts of what constitutes the SSFP double bottom line. During the first two years, SSFP has been on the right track of achieving its program objectives. The FMO was registered and its governing body was set up. The project has been able to almost double program sustainability in two years time and has continued providing services to its intended population, mainly the poor.

BOT. SSFP utilizes the build, operate and transfer (BOT) approach in which capacity is built sequentially by first, building and developing the functions and structure of the organization; second, in the operate phase, by carefully testing the functionality and efficacy of the structure and, third, finally transferring methods, procedures, structure and knowledge to the local organization that will finally take over those functions from the franchisor. During the third year of the project, SSFP will completely finalize the first phase -build- and will have finished most of the second phase -operate. During the operate phase, SSFP will continue to build capacity of the FMO by allowing staff that will move to the FMO to “learn by doing.” This approach will help identify potential pitfalls, and address crisis before they happen. It is expected that the nascent FMO will be able to fully carry on all franchisor functions in the fourth year of the program, just as planned.

B. Context

SSFP has faced, and continues to face, several challenges. Its innovative approach to health service management that requires changes in how quality of care and financial discipline are perceived has been supported by some, but not all partners. This is a result of a tacit understanding due to difference from the predecessor project in the way that decisions are made, finances are controlled, brand is managed and capacity is built. As opposed to other projects, SSFP is intended to create a long lasting organization, and a network that belongs to all Bangladeshis.

While SSFP has made significant progress in overcoming most challenges, some still remain. They are:

- *Understanding franchise as a business model –pushing for innovation.* Franchising is a new concept and embracing it requires some courage as adopting new ideas pose some risk. Getting a businesslike approach towards healthcare might not be easy for organizations or individuals who do not feel comfortable or are not accustomed to charging prices for this type of services. These two concepts combined make things even more challenging. However, candid dialog and donor support is critical to achieve commitment, engagement and perseverance.
- *Prevailing NGO mindset and culture.* SSFP started working with 30 different organizations, each one of them with its own mission and vision statements. While differences exist among these NGOs, perhaps the most notorious cultural element shared by all relates to their origin as continuous recipients of foreign aid. The receipt of this support was tied to loose program objectives.
- *Complex political environment.* In achieving its overall program objectives, SSFP has not to balance, but to align interests of different stakeholders that don't necessarily coincide. In some instances, providing equity for all NGOs to participate in an equivalent environment is not welcome by those perceived as more powerful. Moreover, when needed, the GoB requires or demands some services that the network cannot provide without significant additional investment. This also creates a state of tension that has to be managed and resolved.
- *Anticorruption.* SSFP has heavily invested in developing tools to reduce opportunities for corruption ranging from financial management to quality of care. It is important to acknowledge that corruption, understood as the impairment to integrity or moral principle, is a reality. We believe corruption is pervasive. It has already affected one organization we worked with, that was later asked to leave the network due to financial irregularities.
Transparency. Franchising requires that business partners look for control mechanisms that ensure all processes are transparent for parties involved and that conditions are met as agreed. This monitoring process that requires both support

and perseverance, seeks to ensure that trust emerges as an essential element for franchising success.

Franchise in the non profit sector. One unexpected challenge came out when trying to register the new FMO under the Smiling Sun Franchise Health name. It came out that having the term franchise associated to a non profit was not allowed as this case was not contemplated in the legal code. SSFP decided to register the FMO as Smiling Sun Health Services (SSHS).

- *Qualified personnel.* Finding qualified individuals that balance business knowledge with NGO and GOB experience, and which simultaneously understand healthcare, has been difficult. SSFP is creating teams that bring these capacities together. As a result, it is essential that individuals joining the organization have a high level of professional acumen and great ability to work in teams.

In summary, SSFP has confronted several challenges, but staff has dealt with them satisfactorily. Results can be seen in the good relations existing with different stakeholders and in changes in appreciation of benefits received from management interventions such as business planning or clinic based quality circles.

C. Accomplishments

C1. Performance Outcome 1: Smiling Sun Franchise network is in place and a local Franchise Management Organization is competently managing the franchise operation

Performance Outcome 1 Milestones to Date

- Franchisor registered as a trust
- Franchisor, NGOs, sub-franchisors, and clinic franchises trained
- Operational procedures, guidelines, and protocols finalized
- Franchisor, sub-franchisor and clinics franchise business plans developed
- SSHS board of directors elected and in place
- SSHS advisory council meetings established
- Consistant meetings with the Membership Council held
- Strengthened ties with the GoB

Capacity building. Developing strong organizational capacity is essential to the success of the SSFP network. SSFP implemented a number of important trainings using training manuals translated to Bangla and the training of trainers (TOT) approach to maximize NGO participation. In Years 1 and 2, SSFP provided financial management training, program management and operations training, and accounting software training.

Training. SSFP developed and pre-tested a training productivity assessment tool and drafted a training follow up checklist which was also pre-tested.

Strengthening governance systems. SSFP has convened an FMO board of directors, franchisor membership council, and SSHS advisory committee to guide various aspects of SSHS. The FMO board of directors is composed of Smiling Sun NGO members elected by the Membership Council (composed of the partnering NGOs) and by civil

society representatives, including respected women, public health experts, and businesspeople. The FMO board held regular meetings in Year 2 to discuss franchise progress and development.

The Franchisor Membership Council is made up of senior representatives from the franchisees. During Year 1, SSFP staff met with GoB to identify common areas for potential collaboration. In Year 2, SSFP held regular meetings with the Membership Council to engage partners in reviewing achievements and planning future activities. During the first Quarter the council selected eight representatives of partnering NGOs to form its first set of governing directors, who, in turn selected three members to represent partnering NGOs as members of the SSHS board of directors. The Council also elected the members of three committees, including the staff retention, cost recovery strategies, and service pricing committees. In Quarters 2 and 3, the NGO/Franchisee Membership Council met to review and approve important documents such as the comprehensive compensation plan and the draft franchise legal agreement.

The SSHS advisory council met formally for the first time to identify potential areas of collaboration, new stakeholders, and future actions. The advisory board brings important members of the medical and health community in Bangladesh together, including DGFP, DGHS, a representative of the MOHFW, WHO, ICDDR,B, UNICEF, and USAID who will advise the network as it grows.

Strengthening ties with GoB. SSFP finalized its advocacy strategy in the first quarter of Year 2 and continued to strengthen ties with the government throughout the year at both the central and local levels. Numerous meetings were held to share information about project activities and objectives and explain how they fit into the GoB and USAID health goals. SSFP's consistent efforts to further engage the government on project activities and improve coordination and outcomes have resulted in greater GoB support of the program.

In addition, SSFP held, as planned, a tripartite review attended by SSFP, the GoB and USAID. The purpose of the meeting was to review project achievements, approach key areas needing improvement and garner GoB support for upcoming SSFP activities, in preparation for Year 3 work planning activities.

Franchise Performance Monitoring. During Year 2, the Franchise Operations Team (FOT), NGO Project Directors, Management Information System (MIS) Officers, Monitoring Officers (MO) and Finance Managers visited all clinics in the network as part of their regular monitoring visits to assess performance and quality. The NGOs received guidance and feedback to improve their clinic specific service performance. Monitoring visit findings of SSFP and NGO staff have been discussed at the quarterly Clinical Quality Council meetings and have been entered in the clinic visit database, which can directly be accessed by the COTR. Also, SSFP facilitated clinic level upgrade and maintenance trainings for all staff of franchisees that were scheduled for clinic upgrades to reinforce consistent quality management, marketing and brand promotions and infection prevention. NGO staff has been trained to use data for project performance improvement and decision making.

Brand and Service promotion and Clinic-level marketing. SSFP worked with a selected ad agency to develop a plan for community mobilization by activating health clubs. The names and locations of the Health Clubs are incorporated as Annex F. SSFP also created a capacity-building plan and rolled out formal training in brand and services promotion for clinic staff. The co-branding policy and the design for the signage were finalized. The franchise development team (FDT) has incorporated all brand-related designs and templates into the “SSFP Brand Manual” in order to strictly maintain the uniformity and integrity of the brand at all levels of the network. Additionally, a local level marketing guideline was developed and shared with Franchisees.

C2. Performance Outcome 2: Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population.

Performance Outcome 2 Milestones to Date

- Full participation of all 29 NGOs in the second RFA process including detailed business plans
- Strategic partnerships launched and strengthened
- Continually increasing cost recovery from 32 percent to 37 percent.

Franchise development fund. SSFP developed a program income plan (PIP) for Smiling Sun Health Services and all partner NGOs which was submitted to USAID in January. SSFP continued discussion with USAID regarding the PIP throughout Year 2. The second RFA was released in May and applications were received in June. All 29 current NGO partners participated. As required in the RFA, the NGOs submitted detailed business plans (both narrative and financial) for the period from August 01, 2009 to September 30, 2010. This year for the first time, the organizations submitted organizational details and a financial proposal in an ACCESS database developed by SSFP.

Contracts and grants management. In Year 2, the contracts and grants team has continued their thorough management and review of the NGO grants. Franchise documentation continues to improve and cost recovery continues to rise. Currently, it is between 35 and 40 percent. Following the accomplishment of program objectives, these grants can be reduced accordingly.

Strategic partnerships. SSFP has invested significant time in pursuing strategic partnerships to raise additional funds to support the FMO and provide quality healthcare services for the poorest of the poor. While discussions are ongoing with some potential partners, including the expansion of an existing partnership with British American Tobacco Bangladesh (BATB), and new interventions with Cemex, Dutch Bangla Bank, Exim Bank, GMG Airlines, Nokia, and Reckitt Benkiser, SSFP has successfully solidified the following partnerships in Year 2:

- **Bangladesh Garment Manufacturers and Exporters Association (BGMEA).** This agreement opens the door for Smiling Sun clinics to offer services to participating garment factories at a per-capitation based fee.
- **International Centre for Diarrheal Disease Research (ICDDR).** This agreement strengthens the capacity of SSFP’s clinical service providers to treat diarrhea with zinc tablets to reduce the occurrence, reoccurrence, and severity of diarrhea cases in children under five.
- **Chevron Bangladesh.** In Year 2, SSFP and Chevron expanded an existing partnership that resulted in the donation of a clinic by Chevron to the SSHS franchise.
- **Grameenphone’s Safe Motherhood and Infant Care Project (SMIC).** Grameenphone, through Pathfinder International, reimburses costs for ante-natal care visits, delivery (normal and c-section), post-natal visits and integrated management of childhood illnesses (IMCI) consultations for the poorest of the poor customers at all 319 Smiling Sun network clinics. To better track this collaboration SSFP developed a separate module in its existing MIS database to capture data related to the SMIC project. In addition, Grameenphone donated five ambulances to NGOs in the network to shorten response time to emergencies and transfer/refer patients to larger facilities when the need arises.
- **ACME.** SSFP partnered with ACME Laboratories, a leading pharmaceutical company, to work jointly to control diarrheal diseases. Under this partnership ACME provided the design time, 10,000 posters and 100,000 leaflets to the network’s CDD promotion intervention.
- **Family Health International (FHI).** SSFP signed a memorandum of understanding (MOU) with FHI’s Bangladesh HIV/AIDS project and launched two pilot satellite clinics in FHI’s Integrated Health Centers (IHC). This unique collaboration provides a full range of family planning, maternal health and limited curative care services to the female sex workers who visit the IHC, who may not otherwise seek care.

C3. Performance Outcome 3: NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key ESD services), coverage of poor clients, and range of services available and quality of care.

Performance Outcome 3 Milestones to Date
<ul style="list-style-type: none"> • NGOs monitoring quality using Smiling Sun quality assurance model • MIS revised and rolled out to all NGOs • New clinics established • Mini, vital, ultra, and maxi clinics designated • Task forces created in maternal health, family planning & reproductive health, and TB • Clinical Quality Council meetings held on quarterly basis and QMS visits carried out at 173 clinics

Service Delivery Strengthening. During Years 1 and 2, SSFP worked to improve the trends in service statistics. In Year 2, after identifying a decline in certain services, SSFP created task forces in maternal health, child health, family planning & reproductive health, and TB. SSFP

also organized clinical trainings to strengthen and improve services providers' ability to perform family planning, safe motherhood, and child health services. SSFP also conducted promotional campaigns for particular services to increase customer flow and coordinated approaches with strategic partners, GoB, and USAID to expand services. By the end of Year 2, SSFP reversed negative trends in all areas, including child health (acute respiratory infection (ARI) and childhood diarrheal disease (CDD)) and maternal health, and has continued growing in family planning (FP) and safe deliveries.

Quality Monitoring System. To strengthen quality and increase customer flow in the clinics, steps have been taken at the clinics to emphasize the quality circle. Clinical Quality Council (CQC) meetings were held on a quarterly basis and included MOs (medical), project managers, and project directors of all franchisees. Quality monitoring and supervision (QMS) visits and monitoring of Clinic Level Quality Circles (CLQC) have been carried out regularly throughout Year 2. Using the new QMS tools, about 173 clinics (54% of the total) have registered a quality monitoring intervention this year. The MIS team developed and rolled out a Microsoft Access-based QMS database to ensure the quality circle concept was implemented at Smiling Sun clinics.

Clinical training. During Year 2, SSFP arranged trainings in reproductive health; child health; the integrated management of childhood illnesses; family planning clinical services; tuberculosis diagnosis and treatment, laboratory diagnosis, community awareness; and infection prevention.

SECTION II. YEAR 3 WORK PLAN

A. Technical Activities

A1. Performance Outcome 1: Smiling Sun Franchise network is in place and a local Franchise Manager Organization (FMO) is competently managing the franchise operation.

Introduction. SSFP is entering a critical phase in the BOT model. After building many vital FMO functions, emphasis during the third year will be on installing the remaining systems and strengthening ones to ensure they are operational in time for the final launching of the FMO during the Transfer phase that will take place in the last year of the project. This year SSFP will continue to push for involvement of partnering NGOs, and other relevant stakeholders, in relevant decision-making processes. As a result, many proposed activities focus on strengthening FMO governing bodies and in consolidating relationships with NGOs, the GoB and other stakeholders.

Franchise Strengthening and Management

FMO Organizational Development & Implementation The development of the FMO, institutionalization of franchising and participatory management will continue with the new legal identity, policies, strengthening structures, capacity building, and strengthening the governing bodies. This process will happen in continuous consultation with USAID.

Registration as Non-profit Entity

The Organization. Based on legal advice, the FMO, (SSHS), was registered as a Trust during the transition between years one and two. SSFP continues with the process of registering SSHS a not-for-profit organization under the joint stock register. This will be the final step in legalizing the existence of the FMO.

The Brand. During year two, SSFP ensured that that the Smiling Sun brand name and logo were available for registration. To protect USAID's investment, and further develop a visual identity for the Smiling Sun network, SSFP will register the Smiling Sun brand and logo with the Copyright Office of Bangladesh. The brand will be housed at the FMO. This step is needed to prevent the brand (both name and visual elements) from being taken by third parties, thus weakening the capacity of the network to use a common symbol and ultimately seriously affecting the possibility for the franchise to conduct business as such. SSFP will take all necessary legal precautions so USAID's stake in the Smiling Sun brand is adequately preserved and protected.

FMO Business Plan- 'Preparing to Launch'

Revision of the Existing Plan: As part of the preparation for the Transfer phase, the existing FMO Business Plan will be revised and updated based on last year's progress

including network expansion, service delivery, partnership, process/system improvement, public health issues and recent USAID and GoB policy directions for this program.

Input from the Board of Directors, Program Advisory Committee (PAC) and Management Council (MC) will be incorporated in the plan giving them ownership, which will be increasingly responsible to implement the plan in the last year of the project. The plan will address sustainability of the network, including the FMO, and will provide strategic framework for resource mobilization for funding the portion of expenses not covered by service and product sales. The Chemonics Home Office will provide the technical assistance required to develop this plan.

Franchise Agreement. To finalize the relationship between the SSHS and its franchisees, a franchise agreement will be signed. This document has been developed, presented and discussed with partnering NGOs, with input from the Membership Council. This is an essential step in strengthening the position of the FMO before the community it serves.

FMO Systems, Policies and Procedures Consolidation. SSFP will continue to establish and consolidate health and franchise business management systems at all levels (clinic, franchisee and franchisor) including policies and procedures. SSFP will develop and disseminate the FMO processes, manuals, and tools.

Assess current performance of established systems and interventions. SSFP will evaluate existing systems, policies and procedures to make necessary corrections are made and to further develop those items in Section 2c. SSFP will evaluate training methodologies and materials currently utilized in program, operation, financial, procurement, inventory and logistic management.

Improvement Plan based on Assessment Findings. Based on assessment results, training methodologies and materials will be revised and adjusted accordingly; the improved methods and materials will be used in the trainings sessions planned. In addition, quarterly and annual workshops will be organized to track overall network performance and to develop clinic performance development plans to address potential and existing gaps to ensure business plans objectives are achieved.

Scientifically-driven Improvement. In house operations research will be conducted to evaluate existing processes with strategic implications, such as clinic upgrading and pricing strategies being carefully studied before implementation. .

Systems Strengthening. Lessons learned during the assessment process will be incorporated into existing tools and processes. When necessary, staff will be retrained and improvements will be widely communicated and disseminated inside the network.

Processes documentation. Existing HR and property management, project rules and operational procedures and other documented policies of SSFP will be adapted and transferred to the FMO organization. As part of the transference, these documents' policies and rules are being revised to ensure its relevance in the new setting.

Finalize Manuals. Financial, administrative, clinical, human resources management, operations and clinic management manuals will be revised as part of the training assessment. These manuals will help to maintain network efficient operations during and after the transfer year. The manuals will strengthen the franchise approach as well as reinforce the uniformity and transparency.

Business planning tools. The planning database and narrative formats will be improved for the next round of funding based on experience and feedback in the current round of grants.

FMO Structure and Organizational Development.

SSFP, in with USAID, will work to develop the capacity of the FMO, and provide sufficient resources for its operation to ensure that the new organization gets the support it requires and has the capacity in this phase of the BOT model.

Business operations. With SSFP support, as part of the final stages of the transfer phase, SSHS should be able to conduct basic operations. The gradual creation of FMO structures and the initial transference of some staff are essential for the franchising concept success, as the gradual inclusion of key activities will also increase its chances for success, expand the base of NGO support and simultaneously, decrease the chances of systemic failure. The elements of this gradual transition will be described in the business plan.

Contract between SSFP and SSHS. One important milestone is for SSFP and SSHS to establish a contractual relationship in which SSFP requests for some basic services. This will facilitate independent operation of the FMO, provision of seed capital, management of funds, and transfer of staff and other resources.

Creating Capacity for Continuous Resource Mobilization.

- **Strategic Framework/Plan:** The plan will bridge the gap between operational expense funding and network/FMO sustainability. The program needs additional financial resources beyond fees during the later phase of the BOT process.
- **Structure development:** It will be assessed whether SSFP currently has this capacity in house, such as experienced personnel, or if it has to be created or further enhanced before transferring this function to the FMO. This function will be developed with technical assistances from the Chemonics Home office.

Strengthening Governing Bodies

Revise and disseminate Guidelines for Membership Council and Board of Directors. Building on two years of experience of interaction with NGOs and recognized members of the civil society, SSFP will continue the partnership principles that have guided it. In addition, SSFP will continue seeking strategic guidance from key stakeholders that are

actively involved in the development of SSFP activities throughout, such as (PAC) members. Some of these are DGHS, DGFP, UNFPA, UNICEF, ICDDRB and WHO.

Program Advisory Committee (PAC). SSFP will continue to seek strategic guidance from stakeholders in the development and health sectors. Besides general strategic considerations, during the PAC meetings SSFP will explore opportunities for collaboration and knowledge exchanges, common use of behavior change communication (BCC), training and education materials for the FMO and clinic-based activities. SSFP will periodically report to PAC members on program progress in discussed areas.

Meetings of the Governing Bodies. SSFP will convene quarterly meetings of the Membership Council and the Board of Directors of SSHS, and will meet twice a year with the PAC. Network performance will be presented and analyzed to inform members, look for guidance and collaborative solutions to problems. These meetings will contribute greatly to the Operation and Transfer phases of the BOT process.

Orient Stakeholders on MIS/M&E System. As part of the transparency objective, stakeholders will be briefed on existing MIS systems and how they are used to monitor and evaluate management related activities and program performance.

Quality of Care Strengthening

Quality of Care is an essential value for SSFP, sharing its understanding and implications with network members and embedding the same sense of value in the makeup of the nascent FMO is essential to attain true sustainability

Quality Council strengthening. The CQC has been in operation for almost two years now. All NGO M Os or their representatives participate in the council. This year SSFP will expand participation to project directors and to some clinic managers. In addition, CQC participants, as well as SSFP medical personnel, with the support of GoB and other CAs such will get clinical training to reinforce its knowledge in IMCI, maternal health, Long Acting and Permanent Methods (LAPM), safe delivery and emergency obstetric care (EmOC) services. Detailed Clinical Training activities can be seen in Annex C.

Fostering a culture of quality of care. To continue developing a culture of quality of care in the network, SSFP will keep the MC regularly informed about its activities and progress; MC meetings will always include a section on quality updates and quality related results will be posted in SSFP's website. Along the same lines, SSFP staff will conduct technical presentations for MC, GoB and other stakeholders to attend. In these meetings international best practices, case studies, and emerging needs will be shared and discussed to build knowledge and capacity and to develop a common understanding of SSFP's approach to quality

Smiling Sun Brand strengthening and program communication

Communication Plan revision and actualization. With the support of Howard Delafield International, SSFP will review and make the necessary adjustments to the existing communication plan.

Concerted Launch of Smiling Sun Brand. During the first year of operation, SSFP made the strategic decision not to aggressively promote the Smiling Sun name because some clinics in the network had not reached the level of quality of care nor the look and layout needed to create a positive impact on its clients. Since a critical mass of clinics already display the Smiling Sun colors and can offer the minimal quality conditions required ensuring a satisfying experience, this year as part of the overall communication strategy, SSFP plans to launch a mass media campaign to strengthen the brand image as one of quality, affordability and accessibility (for all Bangladeshis). This intervention is expected to support all other actions at the clinic level intended to build client traffic and, at the same time, make the brand name familiar with other potential clients, such as commercial companies and the like.

Communication materials and tools revamping. SSFP will actualize its communication materials. It will give special emphasis to:

- **Newsletter.** The SSFP newsletter will be used strategically and specific issues will be made and circulated among specific targets; it will be also used for advocating values of FMO among NGOs and stakeholders, and depicting increasing involvement of NGOs.
- **Program website.** The program website will be used to communicate the transformation, values, and strengths of the network.

Program and FMO advocacy and PR

SSFP advocacy activities to strengthen relations with GOB, current and potential stakeholders will continue at different levels, understanding and adapting for the target audience, the desired policy action or decision to be taken by the target audience, and the timeline and intended degree of change. These interventions will have the double purpose of building capacity among the FMO and the Smiling Sun network at the same time.

Multi-level Advocacy with Government. GoB support at all levels (from policy making to implementation) is critical to program success. SSFP will develop an action plan to reach every level of the GoB with a proposed platform of action, and increasing, NGO involvement at different levels, ranging from members of the MC to clinic managers. For this, several participative meetings/workshops involving NGO staff will be arranged with division and district level health and FP officials.

Improve collaboration in Service Delivery. SSFP is collaborating with the GoB to increase service reach and output. SSFP will pursue DGHS and DGFP to improve coordination and ensure support in logistics, training and capacity building in service delivery. Special measures will be taken for area allocation, community clinics, expansion in Chittagong Hill Tracts, and logistics of LAPM, contraceptives, expanded

program of immunization (EPI) and Vitamin A. The DGFP's Clinical Contraception Service Delivery Program has expressed their interest in improving collaboration in LAPM service delivery and BCC related activities.

Study Tours for Senior Government Officials. During the third year, SSFP will facilitate study tours for senior government officials in provide awareness on various models of public health services delivery like private-public partnership, donor programs, and social franchising interventions.

Biannual Tripartite review. This year SSFP proposes for two meetings with GoB, USAID and SSFP, one in March 2010 and another in September 2010. The first meeting's comments and input will assist in the improvement of implementation status and the input of second meeting will assist and contribute in preparing the next year plan.

Media & Public Relations

We will generate media campaigns for specific health message and issue-based advocacy; electronic, print and radio channels will be used as we are currently doing with Channel I.

Capacity Building. The capacity of SSFP staff will be enhanced to be capable of independent operation as FMO, especially management and planning; Chemonics Home Office would support the project team in this regard. SSFP will introduce a training section in the website, which will be used as a clearinghouse for SSFP and FMO trainings. Network staff will be able to access the site and avail training materials and information. Staff will also receive training in leadership, behavior change communication, and business planning tools. Additional MIS training for both technical and non-technical employees will be provided including operating systems, networking, troubleshooting and MS ACCESS, integrated web based MIS, existing MIS, and ensuring quality of data.

Maintenance of MIS

System improvement. The management information system that SSFP has built over the last two years will provide the stakeholders with the right information on a real time basis. The need for information changes over time. To accommodate the new demands, the MIS team plans to update the existing information systems throughout the project year-3 and add new features. Those include integrated web-based MIS, piloting of SMS reporting system to bring satellite clinics and CSPs in the loop of web-based information management system. SSFP has developed, with the support of GP, a web based MIS where each NGO and clinic will provide data on fees-for-service (program income), client profiles disaggregated by gender, operating expenses, and inventory and payroll management. The system will also have an offline desktop solution utility for sites with intermittent internet access.

Training. Training will play an essential role in capacity building. All clinic staff will be trained using a TOT approach. SSFP and NGOs will work together to develop a core trainers group that will train first individual NGOs and then clinics. SSFP will monitor overall training activities including TOT and training provided by individual NGOs to their clinic staff. There will be two training courses to be provided centrally and regionally. They will be attended by project directors (PDs), finance and administrative Managers (FAMs), and MIS Officers. The focus will be to increase the capacity to perform MIS and financial management. Training content will include an orientation on enterprise resource planning (ERP), its operation and management; inventory and payroll management; financial report management; hardware/network/internet maintenance, web based MIS and customer flow management; capturing family registration data; preparing money receipt; creating static and satellite spots; tracking performance at static and satellite spots; and the backup ACCESS based database. For details on Financial Management training, refer to Annex B.

SSFP will organize two separate trainings for the PDs, FAMs and MIS Officers or MIS responsible persons of all NGOs. PDs and FAMs will participate on the relevant days. The first two days will be for orienting trainees on the computer, printer, hardware, network, and internet maintenance. The next three days will be for orienting on ACCESS, operating web based MIS and supporting ACCESS based database and capturing family registration data and gradually introduce web training.

A2. Performance Outcome 2: Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population

Introduction. During the first two years of operation, SSFP decreased grants while increasing resources generated mainly by service delivery, resulting in a continuous increase in the cost recovery index. Faithful to its double bottom line approach, the program will continue working on both sides of the sustainability equation, cost containment and revenues increase, to continue reducing the dependence on grant resources, while continuing to provide quality services to those who demand services from the network, especially the poor. This year the program faces more ambitious goals than ever, so it is ensuring, through a planned investment process, that conditions for sustainability are early put in place in the network, so the transition between the Operation and Transfer phases of the BOT happens smoothly and efficiently.

Increasing Efficiency of the Network

Network Rationalization. To achieve actual economies of scale that franchising brings with it, it is absolutely necessary to continue implementing existing activities and developing new ones to foster the rational use of available resources. Proposed interventions will have in sight increasing operational efficiency, while carefully and ethically observing property rights to existing assets and its products. NGOS and clinics will be stimulated to:

- Improve internetwork referrals
- Regularly and consistently share information
- Share human resources across clinics
- Share scarce resources that can serve simultaneously more than one unit of service (i.e. diagnostic facilities or ambulances)

SSFP will develop a planning document, providing the network with a road map towards more rational use of its resources.

Strategic Pricing Management. Through the business plans, SSFP has collected price information from every clinic in the network. So far clinics have been using a less stringent approach to market driven pricing. In a recent study performed by SSFP it was found that prices range beyond what was earlier suggested, with serious implications for the network sustainability. SSFP will use the findings in the measure study to adjust prices in ways that consider clinic location (i.e. rural setting, division, market size, etc.) while also addressing the willingness to pay of different clients served.

Pricing Policy. The above pricing management strategy will be shared with the MC. After this sharing, a pricing policy will be developed, which will determine when to revise individual clinic-wise prices of services and products. As it is already customary and mandated, these revised prices will be made visible in individual clinics' price charts. SSFP members will strongly monitor that the pricing policy is strictly implemented at the clinic level.

Declining Grants –Investment

Program Income Plan Periodic Revision. The concept of declining grants and promoting sustainability implies that partnering NGOs' operational expenses should be increasingly covered by program income. Recognizing this, based on the business plans developed by the partnering organizations and clinics, SSFP developed a program income utilization plan that creates incentive for grantees to produce more program income and to ensure investments are made appropriately and at the right time in the development of the franchise. This plan requires to be periodically adjusted in accordance with the changes in resource availability and market conditions.

Compensation Plan revision and adjustment. During the first year of the project, SSFP had to face an inherited but rapidly increasing staff turnover rate. To overcome this SSFP developed a compensation plan early in the second year and implemented it. After one year, it is important to revise and adjust the existing compensation plan accordingly, to continue the transformation of Smiling Sun into the employer of choice for health professionals, and continue building its quality of care competence and good name in the market. Additionally, SSFP also considers that having a transparent compensation structure is an essential step in denying space to corruption.

Grants Monitoring and Internal and External Audits. The contracts and grants team will conduct financial analysis and reviews, as well as an internal audit to ensure the proper

utilization of USAID funds and network resources. An external audit will be conducted by audit firms for the period February 2009 to May 2010 for all 29 NGOs. In addition, the team will also close the second round of grant agreements with 29 NGOs.

Computerized Management Systems Development. In the second quarter of year three, SSFP intends to roll out a comprehensive and low cost computer network that will link all 320 clinics with their NGO headquarters as well as with SSFP/FMO. This system will link the network both financially and statically. This approach has several benefits to the network's institutionalization: 1) this online solution will allow for quicker reporting; 2) the ability to opportunistically observe trends in service statistics will allow clinics, NGOs and SSFP to respond accordingly; 3) increased transparency, for the first time the entire network will have a clear, direct, and traceable link between expenditures and services provided.

Franchise Development Fund. The contracts and grants team will begin the fourth round of funding for Smiling Sun partners. SSFP will follow the same request for application (RFA) process for follow-on grants which require potential recipients to participate in the process for them to receive funding. Thru the RFA and application evaluation process, SSFP will continue to build NGO capacity to develop strong and credible proposals that will allow them to effectively perform in a competitive environment.

Service Provision to the Target Population Including the Poor

Balancing the double bottom line (Resource management guideline to serve the poor). During Year 3, SSFP will strengthen its ties with GoB to ensure that the poorest of the poor have access to free contraceptives, making only nominal contributions. Incidentally, SSFP will also seek to offer local governments and other funding agencies, the opportunity to source health services from underutilized Smiling Sun clinics. This approach might greatly support SSFP in its quest for financial sustainability, as it helps the GoB attain its health objectives at lower costs while maintaining good quality. For this purpose resource management guideline will be developed and shared with clinics, NGOs and different partners and donors.

Partnership with GoB. The collaboration with the GoB has clear financial implications for SSFP. Government provided contraceptives help to mitigate a financial burden for the network. Similarly, support for activities like training in LAPM also ensures important savings. The role of the government as a service contractor offers important opportunities for revenue generation, in service areas in which Smiling Sun has a competitive advantage, such as LAPM and maternal health. Working closer with GoB offers Smiling Sun the opportunity to improve its financial sustainability, while expanding services volume and reach.

Long Acting and Permanent Methods (LAPM). SSFP will continue strengthening its ties with the GoB by sharing information about training needs, service reach and program performance. SSFP will set up capacity for vasectomy in 102 facilities, and will offer

female sterilization in 89 sites, closing as much as it can the supply gap in LAPM services.

Demand Side Financing. To increase supply for maternal health services the GoB has taken the demand side financing (DSF) program under the Health, Nutrition, Population Sector Program (HNPS). There is a pilot under way to offer poor pregnant woman access to quality maternal health care services. Presently nine SSFP clinics work under this scheme, with positive results. During year three, SSFP will continue approaching the government in a serious attempt to expand the current pilot to other clinics and areas of the Smiling Sun network.

Exploring outsourcing. Operation of government health facilities like community clinics might be outsourced. On behalf of GoB, in a pool funded activity under HNPS, the management support agency (MSA) has been working on the terms and condition of this contracting process. When the government publishes the tender, SSFP will have the capacity to bid in an upcoming tendering process and that opportunity will be seriously explored.

Contracting out. SSFP will make explicitly clear that its facilities are open for the GoB to contract services in all health areas that are served by the network, from LAPM and maternal health services, to child care and diagnostic services. SSFP will seek support and advice from local consultants to identify opportunities in this area.

Strategic Partnerships. SSFP will look to develop commercial and philanthropic relationships with organizations with interests in health care. SSFP will explore approaches that could go beyond traditional donor support and will continue approaching potential private sector partners, including multi-national organizations, local subsidiaries and companies using different approaches.

Third party payers. SSFP will identify and approach organizations and companies interested to pay for health services of specific populations, ranging from the poor to the insured. Under this scheme today operate organizations with diverse interests such as textile companies, GP and BATB.

Workplace interventions. SSFP will continue exploring, identifying and reaching companies interested in contracting out health services for their employees. SSFP is in position to manage industry-based health services. At the same time, it can set up satellite clinics to address companies' health needs.

Donors. SSFP will continue to build long-term partnerships with organizations that have corporate social responsibilities programs. SSFP's strategic approach is to develop long term partnerships based on mutual interest that also foster innovative approaches by sharing resources, risks and responsibilities, leveraging cash, expertise, systems and/or networks, bringing scale and sustainability and increasing effectiveness and impact.

A3. Performance Outcome 3: NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key essential service delivery services), coverage of poor clients, and range of services available and quality of care.

Introduction. During the third year, SSFP will continue strengthening service capacity. Equally important, SSFP will continue working towards getting substantial results in its double bottom line approach and this year will continue encouraging partner organizations to consistently offer services to those in need of following a methodology that helps them to track social and financial results. In doing so, SSFP continues developing conditions for sustainable growth that can be later fully transferred to the FMO and the network.

Expansion of service volume

Maternal Health Task Force. The Maternal Health Task Force will meet on a regular basis to analyze data on this technical area, gather information from different stakeholders and suggest necessary steps for SSFP towards improving maternal health activities throughout the network. This taskforce will also develop strategies for improving performance in maternal health. Proposed strategies will be clinic, NGO and region specific, and be data driven. The taskforce will work closely with respective team members in SSFP and also with PDs and clinic managers. If it is required, the taskforce will conduct regular meetings with NGOs, and participate in the quarterly clinic manager meeting.

SSFP will also update service providers' clinical knowledge of EmOC and CPR through refresher trainings. Service providers will also be trained on counseling and interactive marketing techniques, including appropriate use of a job aid developed specifically for this task, so that missed opportunities are successfully addressed and an appropriate referral system is established.

Also, to enhance antenatal care (ANC) services, community service providers (CSP) will be trained to use pregnancy tests and they will be encouraged to offer this service in their communities. This will contribute to the improvement of CSPs financial situation and strengthen their loyalty to SSFP

In an attempt to simultaneously improve quality of care and service output, the taskforce will closely work with FDT to develop a package on ANC and post natal care (PNC) services. This package will help and encourage pregnant women get all required services by receiving the recommended four visits both during pregnancy and post-partum period. An important innovation is that SSFP will provide an incentive to service providers for full ANC services performed, putting together client and service provider incentives.

To continue expanding services during year three, six clinics will be upgraded from Vital to Ultra (equipping them to offer B-EmOC services). The feasibility of Maxi clinic will be assessed by introducing range of Gynecological services in a selected number of Ultra clinics. Please refer to Annex G for details.

Training. To ensure that the service providers have the sufficient skill necessary, we will offer safe delivery/EmOC training and training on EmOC and CPR

Child Health Task Force. After introducing the SSFP client centered service delivery model of diagnostic, management, treatment and prevention among service providers, year 3 will focus on further disseminating it among CSPs in community based IMCI clinic areas, where almost 73% of them have been already trained in C-IMCI. SSFP will continue providing IMCI services through the Smiling Sun network by ensuring skilled service providers and promotional activities are in place with the concerted and continued effort of the Child Health Task Force (CHTF). At SSFP, taskforces carefully plan their interventions after reviewing available data, to develop sound strategies to improve customer flow to the clinics and to help P Ds to implement recommended interventions and to execute special action plans.

Apart from treating and managing sick children, SSFP will also put emphasis on improving nutritional status of both sick and well children. Growth monitoring of children will be introduced in all clinics. Adaptation of and distribution of the standard growth monitoring card and training on its use and other nutrition related areas will be imparted to all service providers in coordination with Helen Keller International. This growth monitoring activity will include counseling on feeding, assessing and treating for anemia, de-worming, checking and completing doses of vitamin A and vaccination and offering access to micronutrients.. Child health day (as well as other national days and health events) will also be observed to uphold the importance of child nutrition by focusing the key action areas like complementary feeding, feeding of sick children, breast feeding, anemia correction, iodine and vitamin A supplementation.

SSFP's IMCI activities will also be included in the Joint GoB and Development Partners Annual Work Plan for the year 2010. SSFP will collaborate and coordinate with government and other development partners including WHO and UNICEF to implement proposed actions at the national, divisional, district and sub-district level. SSFP will host at least one meeting for the National Working Team (NWT) of IMCI.

Training. The following training sessions will be offered to ensure that the service providers have sufficient knowledge and skill:

- IMCI clinical management training (CMT) for Doctors
- IMCI clinical management training (CMT) for Paramedics
- TOT for the facilitators to conduct IMCI CMT (Follow Up after Training)
- TOT on counseling package for CSPs (for C-IMCI)

Family Planning Task force. The LAPM Task Force will continue to focus on capacity building, service expansion, improvement of method mix, campaign design and implementation, through its strategic partnership with GoB and collaborating agencies.

Capacity building for LAPM services, particularly clinical training on non scalpel vasectomy (NSV), tubectomy and implants will be conducted with support of DGFP, EngenderHealth and AITEM. CSPs will be trained on method information, counseling, side effects, rumors and misconceptions. Services will be expanded so that about 100 clinics will have the capacity to perform both NSV and tubectomy and mobile camps will be organized at these clinics on a regular basis. To ensure the availability of commodities, collaborative efforts will be taken to strengthen the relationship with DGFP, local FP offices and the Social Marketing Company (SMC). Simultaneously, a campaign will be designed to stimulate demand for modern methods, to improve method mix, and to reduce discontinuation.

Training. Training will be provided in the areas described below, to ensure that the service providers have sufficient knowledge and skill:

- Family Planning Clinical Services Course (FPCSC) for paramedics
- Implant both for medical officers and paramedics
- NSV and Tubectomy both for medical officers and paramedics
- Infection prevention both for medical officers and paramedics
- Counseling for counselors
- Contraceptive logistics and procurement to ensure method availability.

TB Task force. SSFP is contributing to the National Tuberculosis Control Program by strengthening NGOs' capacity to deliver DOTS in urban areas. Nine SSFP NGOs provide DOTS through 56 Smiling Sun clinics in Dhaka, Chittagong, Rajshahi and Khulna City Cooperation.

Smiling Sun clinics will strengthen these efforts by ensuring the availability of equipment and reagents from the government (National Tuberculosis Control Program) and by complying with Global Fund for AIDS, Tuberculosis and Malaria (GFATM) strategies to improve services in their catchment areas. SSFP will collaborate and contribute to all national endeavors along with NTP, BRAC and with the support of CSPs and service promoters, will strengthen case detection rates in these communities.

Training. We will be providing the following training course this year:

- Tuberculosis management training for paramedics and medical officers
- Mid level management training for field supervisors
- Field level management training for TB volunteers
- Laboratory training for laboratory technicians

Diagnostic Task Force. Laboratory services help service providers to diagnose and manage health problems. Most customers prefer facilities that offer diagnosis and treatment under one roof. Currently laboratory/diagnostic services are not available in all SSFP clinics. SSFP will study the feasibility of establishing laboratories in several clinics. Diagnostic services can significantly contribute to program's sustainability objectives as they help to generate substantial revenue and help to attract new customers.

Additionally, SSFP is currently reviewing lab services trends and will start actively promoting some of them soon.

Other Reproductive Health. SSFP will disseminate STI/RTI prevention messages to women of reproductive age, youth and men. In addition to prevention, management of STI/RTI with as emphasis on 4Cs (Counseling, Condom demonstration, Compliance with treatment, Contact tracing) will be available to provide early and effective treatment for STIs.

During year two, SSFP launched screening services on cervical and breast diseases using Visual Inspection by Acetic Acid in some Ultra clinics. This year this service will be introduced in the remaining Ultra clinics. This activity will be done with close collaboration with Bangabandhu Sheikh Mujib Medical University.

Additionally, SSFP will expand its existing agreement with FHI to provide family planning services to female sex workers in selected IHCs. With FHI support, SSFP will train medical officers and paramedics in STI/RTI.

Scaling up of USAID supported successful interventions into SS network and establishing effective referral linkages with USAID funded other programs. SSFP supports the largest essential services delivery (ESD) network in the country to compliment the GoB. This is also the largest USAID funded service delivery program. Being the only social franchise program in the country gives it the capability to scale up health interventions relatively quickly. SSFP carefully observed several successful interventions supported by USAID which are implemented at a smaller scale or have a single program component. During the third year of the project SSFP will explore opportunities to scale up some of those successful interventions throughout the network.

SSFP plans to work closely with the MaMoni project implemented by Save the Children, to see how their community action groups (CAG) work at the community level, and how SSFP's static clinic support group/ static clinic advisory team (SCSG/SCAT) and community support groups (CSG) would be made more effective in improving the maternal health status of their catchment areas. SSFP can learn more about the way their community counselors work so that CSP's capacity can be improved. MaMoni does not have service delivery outlets so SSFP will establish a functional referral network so that MaMoni counselors can refer pregnant women for ANC, PNC and EmOC services.

SMC is another partner for establishing a referral network. Blue Star outlets have only provision for spacing methods of family planning. When they get customers for long term or permanent methods or for other reproductive health services, they can refer the customers to SSFP clinics.

SSFP will seek support from EngenderHealth to provide LAPM training for SSFP service providers.

Last year SSFP had an agreement with FHI to provide family planning services to female sex workers in IHCs. This year SSFP would try to provide services to more categories of FHI clients like male sex workers, injecting drug users etc. and through more number of IHCs.

SSFP will strengthen its partnership with the Leaders of Influence (LOI) to leverage religious leaders so those SS clinics become the choice of referral point for leaders.

Expansion of client base:

Service delivery in new geographic areas. In the third year SSFP will explore the opportunity of health service delivery in new geographic areas. SSFP is planning to set up three new clinics in the Chittagong Hill Tracts area, which most probably will be located in Khagrachary, Rangamati and Bandorban.

Implement general client traffic building campaigns. Consistent with our approach of expanding the Smiling Sun network by increasing the number of people who use services and products, both fee-for-service clients and the poorest of the poor, SSFP will release a request for proposals (RFP) to hire a local firm to carry out clinic and services promotion campaigns at the community level. This intervention will be in close coordination with the overall Smiling Sun brand campaign proposed for mass media to build positive synergies. At present The Bangladesh Center for Communications Programs (BCCP) is doing this job and their contract will end by November 2009. While BCCP has been instrumental in building communication capacity in the clinics, the next communication approach requires that not just SSFP clinic staff conduct promotional activities but also that the Smiling Sun network develop cost effective, locally based interventions in coordination with professional organizations specialized in building client flow.

Increasing loyalty among SSFP clients. SSFP will continue developing and setting up health clubs in 4,250 locations, equivalent to 50% of all satellite clinics. These clubs, organized by CSPs, will serve as venues to strengthen relationships between clients and the Smiling Sun network. Health clubs will coordinate activities for the current clinic support groups and committees. For details about Health Club current pilot location, please refer to Annex F. Loyalty programs will be developed to support client driven referrals and links between the LOI program and the clinics will be strengthened with the support of the health clubs. Research has found that this approach to expanding client base tends to work slower than other communication approaches but ties created this way tend to last longer.

Additionally, an internal marketing campaign will be undertaken involving local stakeholders and all the support groups who have been associated with the Smiling Sun clinics. On a particular day, all of them will be invited to the clinic, introduced to the staff and services, will be briefed on the countrywide national network, and an interactive session on improvement areas.

Services promotion. As stated above, SSFP will strengthen its relationship and promote their major services through other USAID projects and implementing agencies. SSFP will

conduct a series of campaigns to support taskforces in their respective areas. These promotion activities will try to increase client load and will motivate existing customers to get more services from SSFP clinics when appropriate. In many of the service promotion activity/campaigns “incentive schemes” will be used to create positive synergies. Additionally, through promotion campaigns, SSFP will strengthen relationship between SPs, CSPs and customers, so that strong relationship marketing can be done. Specific interventions are:

- **LAPM:** a campaign will be designed to improve method mix and to reduce discontinuation while addressing new emerging communication issues.
- **ANC, PNC and safe delivery service promotion campaign:** Local level promotional activities will be done to increase ANC, Safe delivery and Post-natal care and TT vaccination. These activities will encourage women to have at least four visits at given intervals during pregnancy, birth planning involving their family member’s especially male partners and consultations after birth.
- **CDD and ARI service promotion campaign at the clinic level:** The goal of the campaign is to make caretakers aware about the prevention and proper treatment of CDD and ARI and its availability at Smiling Sun clinics. Focus will be on prevention, such as hand-washing, safe water use, proper mixing of ORS, and full course administration of zinc.
- **Lab and diagnostic services:** SSFP will identify and promote services that can potentially generate revenues in the clinic catchment areas. SSFP will also tap into other services providers, private practitioners, and other CA’s service outlets (like SMS’s Blue Star) looking for referrals.

Summary of Brand and Service Promotion Activities		
Maternal health		
<i>Audience</i>	<i>Health Issue</i>	<i>Interventions/Materials</i>
Pregnant women, new mothers, HH decision makers	ANC, PNC	<ul style="list-style-type: none"> • Poster on danger sign during pregnancy • leaflet on the services • Product package approach with ANC and PNC • Observation of relevant special days) • Using Community Health Club
Pregnant women, HH decision makers	Safe Motherhood	<ul style="list-style-type: none"> • Convert success stories into world of mouth format • Link with CBOs • Gift Pack for New-Born Babies in SS Clinic • Product Package approach with ANC and PNC • Observation of relevant special days • Establish Community Support Group • Upgrade 3 clinics to EMoC
Internal: NGO, Clinic, and Service Provider	Cervical and Breast diseases Screening Service	<ul style="list-style-type: none"> • written communication • IPC
External:		<ul style="list-style-type: none"> • Info pack: general info, country info, articles, FAQ, risk, barriers and screening procedure; readiness of clinic, business potential, promotion, country cases
1) Community and women of 25-64yr		<ul style="list-style-type: none"> • Service leaflet, meetings in women sites • Job Aid for CSP, Service Promoter • Brochure/card Self examination of Breast Cancer
2) Medical Practitioners		Leaflet and IPC

3) Clients in clinics		Speech by Counselor to visiting clients to be aware, motivate
		Posters at clinic
Women of reproductive age	Post Abortion care	<ul style="list-style-type: none"> • Referrals • Guide counselor, CSP
Promoting IMCI		
Parents and caregivers of children under 5	CDD with Zinc	<ul style="list-style-type: none"> • IPC • Poster at clinics • Leaflet • Counseling on zinc • Prevention knowledge • Community group meetings • Provide water treatment tablets • Using Community Health Club
Parents and caregivers of children under 5	ARI & Pneumonia	<ul style="list-style-type: none"> • IPC • Prevention knowledge • Identify and promote better performing clinics' practices • Community group meetings • Using Community Health Club
Parents and caregivers of children under 5	EPI	<ul style="list-style-type: none"> • Participate in national EPI day observation • Partnership with Concern Worldwide • Communicate regular EPI days of the clinic • IPC
	Other child services	<ul style="list-style-type: none"> • 'essential newborn care' introduced in 34 clinics • IMCI activities strengthened in 156 clinics
Family Planning and Reproductive Health		
Men and Women of reproductive age	Pills and condoms Ensure availability of commodity	<ul style="list-style-type: none"> • IPC • Using Community Health Club
Married women with at least one child	Injectable, Implant	<ul style="list-style-type: none"> • IPC by CSP and SP • Follow-up with existing clients • Brief all married women visiting satellite and static clinics
Married women with at least one child	Long term and permanent methods <ul style="list-style-type: none"> • Remove barriers and myths • Address new communication issues 	<ul style="list-style-type: none"> • IPC • Orient service providers and promoters on Male involvement • Briefing at monthly meetings • Advocacy with opinion leaders • Community and group meetings • Support and dialogue with decision maker • Use of service providers and counselor as service promoters • Use satisfied customers as advocates • Partnerships with other CBOs • Partnership with EngenderHealth
Man and Women of reproductive age	Clinic based FP activity for Camps	<ul style="list-style-type: none"> • Produce and display promotional Posters (Tiahart, PM, Male, NSV) • Brochure on PM, NSV, • Counseling by service providers

Maintenance of Quality of Care

Quality of care auditing. Quality of care in Smiling Sun network will be maintained by conducting QMS twice a year, by maintaining and improving the effectiveness of CLQCs on a daily basis, and by holding meeting of Clinical Quality Council quarterly.

In addition to that, SSFP will conduct an external quality audit of the services provided by SSFP clinics. As in year 2, 30 clinics will be randomly selected. The external consultants will observe adherence to SSFP clinical guidelines and operational standards using SSFP checklists and monitoring tools, as it is used by NGO MOs while they conduct QMS in the clinics. It is generally expected that apart from sharing observations, the consultants will analyze general trends, provide solutions to problems and make recommendations for improving services. In addition, SSFP will also conduct “mystery client” interventions, a method that allows qualitative and quantitative data collection, presumably unbiased, as a trained person posing as client is not known by the service providers.

All 320 clinics will be under QMS visit twice in a year by the MOs of the NGOs. SSFP round 3 and round 4 QMS will be done this year in all clinics by using updated QMS indicators including satellite clinic checklist, output indicators and exit interview questionnaire. QMS data will be uploaded and analyzed by the newly developed Access data base. Beside QMS visits conducted by MOs of the NGOs, SSFP will validate QMS database randomly as and when necessary. A comprehensive report of Year 2 QMS conducted by the MOs will be prepared early in year 3.

QMS indicators will be reviewed to separate quality indicators from performance standards with assistance from an external resource. Presently, quality indicators are mixed up with the performance standards and it is difficult to differentiate between inputs to develop skill and means of verification for quality improvement. Segregation of quality indicators will help MOs appropriately monitor quality of the clinical services. Performance standards will help service providers to guide them in delivering quality services. A QMS observation Job Aid and Facilitators’ Guide will be printed and distributed in all 320 clinics.

CLQCs have been implemented in all 320 clinics in year 2. Next year the focus will be on improving the effectiveness of CLQC in all clinics. Clinic managers will be facilitated to make the best of Plan-Do-Study-Act (PDSA) cycle to solve problems during routine monitoring visits. Clinical meetings are expected to be held on a regular basis (once in a week) with documentation of PDSA cycle exercises. Daily, weekly, and monthly quality checklists will be reviewed and revised in each CQC meeting held once in a quarter. Customer reception protocol will be further developed. SSFP is studying the possibility of develop quality topical campaigns every other month to specifically improve areas perceived as structurally weak. These campaigns will be supported with the use of electronic tools and its utilization will be guided by the Clinical Quality Assurance Services Specialist.

SSFP will continue to monitor quality related activities of the M O of NGOs by reviewing tentative travel plans and monthly performance reports and providing feedback to them.

Basic clinical training. To ensure the quality services at each Smiling Sun clinic, service providers will be trained in different skills. Clinical trainings will equip the clinical staff with the required knowledge and skills to perform their responsibilities competently and assure the compliance of SSFP standards in the second year of the project. A table summarizing clinical training for service providers can be found in Annex C.

Maintenance and clinic upgrading. This is important to have a standard look and layout of the clinics across the network to ensure environment for quality service delivery. Some clinics are still in bad shape and they need maintenance. Along similar lines, it is important to ensure adequate sanitation facilities and service privacy. With SSFP support and guidance, NGOs will continue outsourcing clinic maintenance to conduct necessary maintenance services in 202 clinics.

B. Operations and Administration

B1. Personnel. Project staffing is almost complete. However, SSFP will fill vacant positions of Franchise Manager, Franchise Operations Officer, Procurement Specialist, Monitoring and Evaluation Officer, and Health Training and Monitoring Specialist as those have been vacant due to resignations by existing staff. SSFP will fill those positions in the first quarter of Year 3 and will propose one short term Look and Layout Associate. The Look and Layout Associate will support the Look and Layout Specialist to monitor the up gradation activities at the clinics level.

Local consultants will be hired on a short-term basis to support FMO legal function and other activities based on requirements.

B2. Property Management. SSFP will dispose some inventory received from previous program that is no longer functional. SSFP will procure these items the second and third quarter of Year 3.

C. Cross Cutting Issues

Introduction. There are three critical factors that are inherent in all activities. These factors that cut across several project elements reflect ultimate values. These are gender, youth and anti-corruption.

C1. Gender. As CSGs per clinic have already been established, year 3 will focus on increasing their effectiveness by following up their on going activities and guiding them to be more proactive in making the services of EmOC and other reproductive health services accessible to pregnant women.

C2. Youth. SSFP will incorporate an interactive training module on Youth Friendly Health Services on its website. It will also work closely with GP to establish a hotline for

youth. Service providers' attitude towards youth customers will be followed up this year during routine monitoring visit.

C3. Anti-Corruption. SSFP has developed a number of interventions that are intended to improve the capacity of the network to serve its clients better, while simultaneously, denying space for corruption. The continuous strengthening of the in-house audit that voucher examiners perform, the expansion of the web based MIS system, the different mechanisms created to observe quality and the regular clinic visits knit a web of activities that makes continuously smaller the space corruption might have enjoyed.

SECTION III. PERFORMANCE MONITORING PLAN

Introduction. The scope of this performance monitoring plan covers monitoring and evaluation deemed necessary for efficient project operations and USAID's needs. M&E of this nature will ensure progress is being made towards program targets and objectives.

A. Approach to Monitoring and Evaluation

Monitoring progress and evaluating results are key management functions in any performance-based management plan. Performance monitoring is an ongoing process that allows managers to determine whether an activity is making progress towards its intended results. Performance information plays a critical role in planning and managing decisions. Evaluation is the periodic assessment of a project's relevance, performance, efficiency, and impact — both expected and unexpected — in relation to stated objectives.

Additionally, analysis and communication are also important elements of performance management. The project will not only collect performance and impact data; it will add value to the raw data by performing appropriate analysis, and providing context for data interpretation, thereby transforming data into information. This transformation must then be communicated to have an impact. This is the information value chain that takes data, converts it to information by adding value through analysis, conveys the information through communications, and achieves impact once the knowledge is consumed and acted upon.

We understand there must be a balance between M&E data collection and technical work. Our M&E system is designed such that it will not become a data collection burden for project staff, NGO sub-franchisors and franchisees, rather it will complement on-going technical activities and become part of their routine work habits.

Franchise Performance Monitoring. In addition to SSFP staff visits, NGO project directors, MIS officers and finance managers of each will visit each of their clinics at least once a year. During each monitoring visit, visitors will visit one clinic and at least one satellite clinic and capture detailed clinical, administrative, financial, human resources, look and layout, franchise operations, franchise development, and marketing information using the comprehensive checklist developed by SSFP. All information will be entered into the clinic visit database to flag key follow-up issues and guide subsequent visits. Following each visit, visitors will prepare reports for future reference and follow up the recommendations. To improve the system, clinic visit database will be further improved with analytical features.

SSFP will organize quarterly workshops for the project directors and MIS officers (or responsible persons for MIS activities of some NGOs) to increase the capacity of NGOs in using data for project performance improvement and decision making. In these workshops NGOs will revise and re-develop quarterly action plans considering their performance issues with the technical assistance from concerned SSFP's team leaders

and FOT members. Immediately after the performance monitoring workshop, NGOs will have a similar type workshop with their clinic managers and develop the clinic wise quarterly action plan to meet performance deficiencies. Concerned SSFP staff will participate in the performance monitoring workshops organized by NGOs.

NGO contact persons and/or other members of NGO executive committee will also visit clinics to review the performance and give suggestion for project performance improvement and to ensure GOB cooperation.

B. Continuous Monitoring of Activities/Implementation of Business Plans

SSFP will engage efforts to ensure the effective and consistent utilization of business management tools through regular monitoring. It will also analyze data on a regular basis to assist NGOs in taking appropriate steps to improve performance. FOT would continuously follow the clinic level activities for the implementation of the business plans developed by them.

ANNEX A: PROGRAM INDICATORS

Result	Source	#	Indicator	Baseline	Year 1 Target	Year 1 Achievement	Year 2 Target	Year 3 Target	Year 4 Target
Program Component 1	OP	1	Couple-years of protection (CYP) in USG-supported programs (in millions of couple-years)	0.90	0.97	1.24	1.29	1.36	1.37
	OP	2	Number of people trained in FP/RH with USG funds	166	TBD	1,049	2,221	303	TBD
	OP	3	Number of counseling visits for Family Planning/Reproductive Health as a result of USG assistance (in millions of visits)	1.65	1.73	1.88	1.98	2.08	2.09
	OP	4 ¹	Number of people that have seen or heard a specific USG-supported FP/RH message (in millions of people)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	OP	5	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	0	4	6	15	8	TBD
	OP	6	Number of new approaches successfully introduced through USG-supported programs	0	1	5	9	8	TBD
	OP	7	Number of USG-assisted service delivery points providing FP counseling or service	15,201	15,368	14,954	15,400	15,400	15,400
	OP	8	Amount of in-country public and private financial resources leveraged by USG programs for FP/RH (in millions of US dollars)	4.97	5.02	5.00	5.02	5.02	5.02
	OP	9 ²	Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	205	Not applicable	234 (175 for Norplant)	Not applicable	Not applicable	Not applicable
	OP	10	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	TBD	101	900	419	TBD
Program Components 2 and 4	OP	11	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	8,000	8,400	12,714	13,985	15,383	15,500
	OP	12	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	1.17	1.19	1.00	1.20	1.21	1.22

¹ We can avoid this indicator since it is costly to get the number.

² SSFP has no control over the distribution of contraceptive commodities. We will report this data but will not set targets.

Result	Source	#	Indicator	Baseline	Year 1 Target	Year 1 Achievement	Year 2 Target	Year 3 Target	Year 4 Target
			(in millions of visits)						
	OP	13	Number of people trained in maternal/newborn health through USG-supported programs	86	TBD	1,028	3,079	5,566	TBD
	OP	14	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	8,000	8,400	12,714	13,985	15,383	15,500
	OP	15	Number of people trained in child health and nutrition through USG-supported health area programs	2,549	TBD	971	8,055	120	TBD
	OP	16	Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs	NA	6,132	9,280	10,209	11,230	11,300
	OP	17 ³	Number of infant receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	TBD	TBD	66,146	68,500	68,800	68,900
	OP	18	Number of newborns receiving essential newborn care through USG-assisted programs	8,000	8,400	12,714	13,985	15,383	15,500

³ Newborn infants defined as less than one year of age.

	OP	19	Number of cases of child (< 5 yrs) pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs	161,585	169,664	144,582	170,000	170,500	171,000
	OP	20	Number of children less than 12 months of age who received DPT3 from USG-supported programs	289,801	295,597	271,550	296,000	296,500	297,000
	OP	21	Number of children under 5 years of age who received vitamin A from USG-supported programs	351,648	369,230	233,355	369,230	369,230	369,230
	OP	22	Number of cases of child (< 5 yrs) diarrhea treated in USAID-assisted programs (in millions of cases)	1.98	2.07	1.71	2.08	2.09	2.10
	OP	23	Number of health facilities rehabilitated	0	25	26	TBD	202 ⁴	TBD
	OP	24	Number of people covered with USG-supported health financing arrangements (in millions of people)	7.18	7.99	7.30	8.29	8.61	8.94
	OP	25	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs	NA	0	0	0	0	0
	OP	26	USG-assisted facilities' provide staff with a written performance appraisal	100%	100%	100%	100%	100%	100%
	OP	27	Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	100%	100%	100%	100%
Program Component	OP	28	Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas	TBD	71	72	72	100	TBD
	OP	29	Number of people trained in DOTS with USG funding	44	TBD	17	100	62	TBD
	OP	30	Average population per USG-supported TB microscopy laboratory	71,115	85,000	65,000 (abolished huge slums)	70,000	70,000	70,000
	OP	31	Percent of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results	75%	78%	70%	80%	82%	85%
Project Objective		32	Percent of cost recovery	25%	25%	31%	35%	50%	70%
		33	Percent of poor service contacts	26%	27%	27%	28%	29%	30%
Outcome 1		34	Smiling Sun Franchise Manager Established (Milestone Indicator)	0	1,2,3,4,5,6	4,5,6	6,7	6,7	8, 9

⁴ This was associated with the clinic conversion. Now we are going to do only clinic maintenance.

			<ol style="list-style-type: none"> 1. Franchisor registration complete 2. Management contract signed between contractor and franchisor 3. Board of directors and membership council established and meet regularly 4. Franchise systems, operating procedures, and standards developed 5. Franchise service package developed 6. Systems for tracking sub-franchisor compliance with franchise standards implemented 7. Board meetings and management council meetings held 8. Subcontract signed between contractor and franchisor 9. Staff, management, and financial systems are transferred from contractor to franchisor 						
Result 1.1		35	Percent of external funds in SSHF budget	0%	5%	Not available	10%	20%	30%
Result 1.2		36	Percent of NGOs complying with franchise standards	0%	100%	100%	100%	100%	100%
		37	Percent of NGOs receiving subcontracts from the Franchisor	0%	0%	0%	70%	85%	100%
Outcome 2		38	Percent of franchisor's total budget paid by sources other than USAID	25%	30%	Not applicable	45%	70%	100%
Result 2.1		39	Cost per service contact (in taka)	21.38	19.60	20.11	20.45	30.00	TBD
Result 2.2		40	Percent of NGOs paying franchise fees from non-USAID sources	0%	0%	0%	30%	75%	100%
Outcome 3		41	Total number of clinics (maxi, ultra, vital and mini; targets set by static and satellite)	319 8,516	335 8,666	319 8,508	319 8,516	319 8,516	319 8,516
Result 3.1		42	Percent of service contacts by franchise option	NA	NA	Vital- 89% Ultra- 11%	Vital- 90% Ultra- 10%	Vital- 90% Ultra- 10%	TBD
Result 3.2		43 ⁵	Total service contacts (in millions)	27.6	29.5	27.2	29.6	29.7	29.8

⁵ This indicator is defined differently than under NSDP. This indicator is based on all service-contacts; that is, ESD service-contacts plus other service-contacts.

Result 3.3		44 ⁶	Average composite quality monitoring system scores for clinics	NA	TBD	86 (score given by NGOs)	TBD	TBD	TBD
		45	Number of clinics with a QMS in place	319	836	638	957	957	957
Program Support	OP	46	Number of monitoring plans prepared by the USG	1	1	2	1	1	1
	OP	47	Number of institutions with improved Management Information Systems as a result of USG-assistance	0	30	29	29	29	29
	OP	48	Number of institutions that have used USG-assisted MIS system information to inform administrative/management decisions	0	55	32	162	349	TBD
	OP	49	Number of people trained in monitoring and evaluation with USG-assistance	0	55	61	150	290	TBD
	OP	50	Number of people trained in strategic information management with USG assistance	0	165	212	670	290	TBD
	OP	51	Number of information gathering or research activities conducted by the USG	NA	0	3	5	4	1

⁶ We intend to report findings of an external auditor, not NGO self-reporting as was reported by NSDP. Therefore, no data exists. The first external audit will become the baseline and targets will be set thereafter.

ANNEX B: FRANCHISEE TRAININGS ON MANAGEMENT AND OPERATION

Training Name	Topic Content	Participants Profile for Refreshers (HQ)	Expected result from the refreshers course	Duration	Total Participant	Cascade refreshers participant from clinic
Refreshers course on Financial, Procurement, Inventory & Logistic Management (2 day refreshers course)						
Financial, Procurement	Financial Management, Record Keeping, Financial Reports, Budget and Cost Classification, Banking Procedure, Staff Travel and Perdiem, Procurement, Audit and Internal Control	Project Director, Finance and Admin Manager, Accounts Officer	After the refreshers training, participants will categorize with and apply generally accepted accounting procedures, manage their bank accounts, exert proper financial monitoring, increase their procurement plans.	1 Day	72	Clinic manager and Admin Assistant
Inventory & Logistic Management	Inventory Management, Inventory and logistics management system, Components and Flow of Inventory Management	Project Director, Finance and Admin Manager, Accounts Officer	Following the refreshers training, participants will classify with the implement and make use of transparent procurement systems, documentation & recoding.	1 Day		Clinic manager and Admin Assistant
Refreshers course on Smiling Sun program Management and operations (2 day refreshers course)						
Smiling Sun program Management and Operations	Program Mission and Vision, Details on Smiling Sun program operational modalities, Administration infrastructure, About Smiling Sun Program, staff structure of the head quarter, ultra, vital and satellite clinic, Look and layout maintenance, day to day clinic management of smiling sun clinics and customer care.	Project Director, Project Manager, Monitoring Officer,	This 2-day modular refresher training package will focus on increasing organizational efficiency and ensure adherence to SSFP standards and operational modalities. The refreshers training modules will cover SSFP program management; Smiling Sun organizational behavior approach; change management; improving managerial quality.	1 Day	85	CM, Medical officer, Admin Assistant , Paramedics, counselor, SP

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Training Name	Topic Content	Participants Profile for Refreshers (HQ)	Expected result from the refreshers course	Duration	Total Participant	Cascade refreshers participant from clinic
Monitoring & Effective Supervision	Concept and difference between supervision and monitoring, supportive supervision, supervision and monitoring towards smiling sun clinics, Performance Analysis, Monitoring and Supervision process	Project Director, Project Manager, Monitoring Officer,	Trainers teams will be refreshed and be able to organize adequate number of training to the respective staff of smiling sun clinic network on Monitoring & Effective Supervision			
Marketing, Branding & Promotion	Concept of marketing and smiling sun marketing strategy, marketing communication (promotion), smiling sun branding, service promotion, root cause analysis for service performance, marketing plan implementation strategy.	PD,PM, selected CM and selective Service promoter	Trainer's teams will be refreshed and be able to organize adequate number of training to the rest staff of smiling sun clinic network on Marketing, Branding & Promotion.	1 Day	100	CM, SP, Counselor,
Training on MIS						
Management Information System (MIS) for Smiling Sun Clinics	Orient on hardware/network/internet maintenance, web based MIS, capture data, create clinic spot, performance at clinic, Money receipt, supporting ACCESS based database - along with practice sessions,	PD, MIS officer, , MIS Asstt	Number of Training teams will be formed in composition with the best trained participants who will be organized adequate number of training to train the respective staff of smiling sun clinic network	5 Days	60	CM, Admin Assistant, Counselor
Management Leadership Training						
Management Leadership Training	Management concept, management cycle,	Project Director, Clinic Manager	Number of Training teams will be formed in composition with the best	2 Day	349	-

Training Name	Topic Content	Participants Profile for Refreshers (HQ)	Expected result from the refreshers course	Duration	Total Participant	Cascade refreshers participant from clinic
	elements, types, conflict management, Quality of a leader, do's and don'ts of a leader, team building, team work		trained participants who will be organized adequate number of training to the respective clinic managers of smiling sun clinic network.			

ANNEX C: CLINICAL TRAININGS

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
Child Health:				
Facility IMCI	11 days	All Medical Officers and all Paramedics of each clinic	Medical Officers: 25	Paramedics: 50
TOT on Community-IMCI	6 days	At least one Paramedic and one Service Promoter of each SS clinic	Paramedics: 15	
Cascading training on Essential Newborn Care(ENC)		Community service providers of Smiling Sun network.	CSPs: 5500	
Family Panning:				
LAPM	20 days for Medical officer	IUD, Implant, NSV, Tubectomy	Medical Officer : 52	
	12 days for Paramedic		Paramedics : 153	
Maternal health:				
Other Reproductive Health	6 days	Paramedic of each SS clinic in case of newly recruitment and remaining Paramedic those have not received training in the last year.	Paramedic: 40	
Safe Delivery	21 days	All Medical Office and all Paramedics of Safe Delivery and Home Delivery unit of SS clinic	Medical Officers: 18	Paramedics: 18
VIA	15 days	Medical Officer and Paramedic	Medical Officers: 08	Paramedics: 20
Counseling:				
Counselling	3 days	Counsellor from SS clinic those have not yet training or newly appointed counsellor in the network.	Counsellor: 30	
Tuberculosis:				
Tuberculosis Management Training for	6 days	At least one Medical Office and one Paramedic of each SS clinic where TB service is available	Medical Officers: 12	Paramedics: 08
Laboratory Training	6 days	Laboratory technician,	Laboratory technician: 12 (as and when necessary)	

ANNEX D . YEAR 3 IMPLEMENTATION PLAN

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Performance Outcome No. 1												
Franchise Strengthening and Management												
A. FMO Organizational Development & Implementation												
1. Registration as not for profit business										x	x	x
2. Trade Mark Registration	x	x	x	x	x	x						
3. FMO Business Plan	x	x	x	x								
4. Franchisee Agreement signing	x	x	x	x	x	x	x					
5. Resource Mobilization	x	x	x	x	x	x	x	x	x	x	x	x
6. Strategic Framework/Plan	x	x	x	x								
7. Structure development				x	x							
8. Contract between SSFP and SSHS											x	x
9. Staff Transfer to SSHS											x	x
10. Assess current performance of established systems	x	x	x	x	x	x	x	x	x	x	x	x
11. Evaluation of Training Methods and Trainings		x	x	x								
12. Improvement Plan based on Assessment Findings				x	x	x						
13. Operations research on FMO processes	x	x	x		x	x	x	x	x	x	x	x
14. Researches on upgrading EMOC o CMOC, CMOC to Maxi	x	x	x	x	x	x						
15. Researches on Setting Prices across the Network	x	x	x	x								
B. FMO Process (Systems, Policies and Procedures) consolidation & dissemination												
1. Process and Procedures documentation			x	x	x	x	x	x	x	x	x	
2. Manuals finalizations			x	x	x	x	x					
3. Improve Business Planning Tools								x	x			
4. Disseminate the FMO policies, manuals, tools								x	x	x	x	x
C. Strengthening Governing Bodies												
1. Revise and disseminate Guidelines for Membership Council and Board of Directors	x	x	x	x								
2. Conduct Membership Council Meetings		x		x			x			x		
3. Conduct Membership Council Directorates Meetings	x				x			x			x	
4. Conduct Board of Directors Meetings			x			x			x			x
5. Conduct Stakeholders Meetings (CA's)			x			x			x			x
6. Conduct Advisory Meeting PAC						x						x

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
7. Coordination Mechanism among the Governing Bodies			x	x	x	x	x	x	x	x	x	x
8. Orient stakeholders on MIS/M&E system					x						x	
D. Quality of Service Delivery Improvement												
1. Quality Council strengthening			x			x			x			x
2. Fostering a culture of quality of care	x	x	x	x	x	x	x	x	x	x	x	x
E. Smiling Sun Brand Strengthening and Program Communication												
3. Communication Plan revision and actualization		x	x	x				x	x	x	x	x
4. Concerted launch of Smiling Sun brand										x	x	x
5. Communication materials and tools revamping												
Newsletter				x			x			x		
Program Website				x	x	x	x	x	x	x	x	x
6. Program and FMO advocacy and PR	x	x	x									
7. Policy & Advocacy with GOB												
Meeting with Policy makers /DGHS/DGFP	x		x		x		x		x		x	
Joint Clinic visit with Policy Makers and other GOB officials	x	x	x	x	x	x	x	x	x	x	x	x
Briefing meetings with the Division/District level Health & FP officials		x		x		x		x		x		x
Briefing meetings with national level	x	x	x	x	x	x	x	x	x	x	x	x
Facilitation of Study tours for senior government officials								x	x	x	x	x
Half-Yearly Tripartite Review meeting						x						x
8. Media & Public Relations			x	x	x	x	x	x	x	x	x	x
F. Capacity Building												
1. Training of leaderships on Management Skills for PDs and Clinic Manager						x	x	x	x			
2. Refresher training on financial, procurement, inventory and logistic management training							x					
3. Refresher training on SS program management and operation training						x	x	x				
4. Training on Behavioral change for service providers								x	x	x		
5. Refresher training on brand and service promotion for CM and SPs							x	x	x			
6. Training on MIS for PD and MIS Officers		x	x	x								

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
7. Training to PD and MIS Officers on operating systems, networking, trouble shooting and MS ACCESS		x	x	x								
8. Orient to PD and MIS Officers on the improved business plan tools and database for RFA 003												x
9. Orientation of PD and MIS Officers on the SMS system					x			x			x	
10. Organize workshop on final MEASURE survey findings			x									
11. Orientation SSFP staff for transition				x	x	x	x	x	x	x	x	x
12. Training on web based MIS			x	x	x	x	x	x	x	x	x	x

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Performance Outcome No. 2												
A. Increasing Efficiency of the Network												
Network Rationalization												
1. Develop Concept Paper		x	x	x								
2. Share the concept paper and discussion among the NGO			x	x	x	x	x	x	x			
3. Consolidation and realignment Process Development								x	x	x	x	x
4. Consolidation and realignment (if Any)								x	x	x	x	x
5. Enforcement of Transparency (if any)	x	x	x	x	x	x	x	x	x	x	x	x
Strategic Pricing Management												
6. Develop pricing strategy and pricing policy	x	x	x									
7. Dissemination of pricing strategy and pricing policy				x	x	x	x	x	x			
B. Declining Grants - Investment												
Program Income Plan Periodic Revision												
1. Plan shared and revised periodically with USAID			x			x			x			x
Compensation Plan considering NGO's inputs												
1. Plan shared and revised periodically with USAID	x	x	x	x								
Grants Monitoring and Internal and External Audits												
2. Review and management of 29 NGO Grants	x	x	x	x	x	x	x	x	x	x	x	x
3. Orientation on 2nd Round Grant Agreement	x											
4. Follow up and Monitoring visit	x	x	x	x	x	x	x	x	x	x	x	x

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
5. Grants closeout	x											x
6. Internal and External audit for NGO's	x	x	x	x	x	x	x	x	x	x	x	x
Computerized Management System Development.			x	x								
7. Integrated system development for service wise cost and revenue analysis			x	x	x	x						
8. Activate financial monitoring tool throughout the network					x	x	x	x	x	x	x	x
9. Orientation to NGO's on Financial Management Systems							x	x				
Franchise Development Fund												
10. Publish RFA - 03 for fourth round grant									x			
11. Sharing session with NGO's									x	x		
C. Service Provision to the Target Population Including the Poor												
Balancing the Double Bottom Line												
1. Resource management guideline to serve the poor	x	x	x									
Partnership with GOB												
2. Long Acting and Permanent Methods (LAPM)	x	x	x	x	x	x	x	x	x	x	x	x
3. Demand side financing												
4. Working with the government of Bangladesh as third party payers to ensure access of quality services to the targeted population, specially the poor through demand side financing	x	x	x	x	x	x	x	x	x	x	x	x
5. Exploring opportunities to outsourcing and contracting out	x	x	x	x	x	x	x	x	x	x	x	x
Strategic Partnerships												
6. Maintain and improve relationships with current partners and donors	x	x	x	x	x	x	x	x	x	x	x	x
7. Assist NGOs to maintain better relationship with their donors	x	x	x	x	x	x	x	x	x	x	x	x
Third Party Payers												
8. Approach donors as third-party payers for serving the poor	x	x	x	x	x	x	x	x	x	x	x	x
Workplace interventions												
9. Approach Client to pay for the staff for the health services	x	x	x	x	x	x	x	x	x	x	x	x
10. Explore Outsourcing with potential interested partners	x	x	x	x	x	x	x	x	x	x	x	x
Donors												
11. Approach Clients to observe special events			x			x				x		
12. Approach Clients to contribute with various resources such as ambulances, USG etc for expanded service delivery	x	x	x	x	x	x	x	x	x	x	x	x

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
13. Approach corporate partners to pay for clinic operating costs	x	x	x	x	x	x	x	x	x	x	x	x
14. Approach donors to pay for clinic facility construction and upgrade	x	x	x	x	x	x	x	x	x	x	x	x
15. Approach Clients to observe special events			x			x				x		
16. Approach Clients to contribute with various resources such as ambulances, USG etc for expanded service delivery	x	x	x	x	x	x	x	x	x	x	x	x
17. Approach corporate partners to pay for clinic operating costs	x	x	x	x	x	x	x	x	x	x	x	x
18. Approach donors to pay for clinic facility construction and upgrade	x	x	x	x	x	x	x	x	x	x	x	x

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
3. Performance Outcome No. 3												
A. Expansion of service volume												
Taskforce to boost up												
1. Continue 5 health topic task forces (MH, CH, FP, TB, Lab service)	x	x	x	x	x	x	x	x	x	x	x	x
Service Expansion in Strategic Health Areas (LAPM, MH, CH, Diagnostics and RH)												
Introduction of growth monitoring cards (Training, Printing and Monitoring)				x								
Expansion of CSP products												
1. Introduce pregnancy (strip) test by CSPs		x										
2. Introduce sales of sanitary napkins by CSPs			x									
3. Introduce sales of Clean Delivery Kit by CSPs				x								
4. Introduce sales of MoniMix by CSPs		x										

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
New Services and Material Development												
1.addition of gynecological surgeries in 6 selected Ultra clinics (CEmOC)				x	x	x	x	x	x	x	x	x
2. Develop a poster on Cervical and Breast Diseases	x											
3. Upgradation of Vital to BEmOC and BEmOC to CEmOC			x	x	x	x	x	x	x	x	x	x
4. Expansion of Diagnostic services				x	x	x			x	x	x	x
5. Expansion of LAPM services (NSV, Tubectomy)		x	x	x	x							
Scaling up of AID Successful Partner Intervention												
1. Strengthen coordination with other CAs of USAID (SMC and FHI, MaMoni) - knowing lessons learned	x	x	x	x	x	x	x	x	x	x	x	x
2. Scale up of 'lessons learned' in other USAID funded programs throughout the SS network	x	x	x	x	x	x	x	x	x	x	x	x
B. Expansion of client base (Brand & Service Promotion)												
1. Implement general client traffic building campaigns	x	x	x	x	x	x	x	x	x	x	x	x
2. Set up clinics in the CHT area				x	x	x	x	x	x	x	x	x
Clinic Based Service Promotion												
1. Contracting out for Brand and Service Promotion activities	x	x	x	x								
2. Performance based Incentives implement in the clinics				x		x		x	x			
3. Conduct campaign on ANC, CDD, ARI, LAPM and other services		x		x		x		x		x		x
4. Monitoing and supervision on brand and service promotion at field level	x	x	x	x	x	x	x	x	x	x	x	x
C. Maintenance of Quality of Care												
Clinical Training to Improve Quality of Care												
1. Training on MH,CH, FP, Other Reproductive Health, STI/RTI and Tuberculosis	x	x	x	x	x	x	x	x	x	x	x	x
2. Training service providers on screening services for cervical and breast diseases for remaining 24 Ultra clinics		x	x	x	x	x	x	x	x	x	x	x
3. Training service providers on LAPM	x	x	x	x	x	x	x	x	x	x	x	x
4. Refresher training of service providers on EmOC and CPR in selected clinics (regional basis)			x			x			x			x
5. Follow-up of various clinical trainings	x	x	x	x	x	x	x	x	x	x	x	x

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
6. Refresher training on modern techniques of counseling for service providers				x	x	x						
7. Organize quarterly performance monitoring workshop			x				x			x		
8. Organize annual workshop on the achievements against PMP indicators											x	
9. Physical facility improvement and maintenance												
Ensuring zero stock-out												
1. Ensure logistic support to the clinics and arrange central level procurement by alliance with different supplies	x	x	x	x	x	x	x	x	x	x	x	x
2. Procurement and Supply of clinical goods	x	x	x	x	x	x	x	x	x	x	x	x
QMS, CLQC												
1. Monitor clinic level quality circle	x	x	x	x	x	x	x	x	x	x	x	x
2. Continue quarterly clinical quality council meeting			x			x			x			x
3. Continue regular monitoring visits to clinics	x	x	x	x	x	x	x	x	x	x	x	x
4. Review QMS indicators to separate Quality Indicators from Service Standards	x	x	x									
5. Print and Distribute QMS tools and guidelines to all the clinics			x									
6. Prepare a report on revised QMS that has been introduced in the network in the 2nd year		x										
7. QMS validation by FOT		x			x			x			x	
8. Conduct External Quality Audit									x			
9. Review and revise daily/weekly/monthly checklist			x			x			x			x
10. Follow-up of the status of use of Customer Reception Protocol			x			x			x			x
D. MIS maintenance												
Develop and maintain MIS/M&E system												
1. Improve and finalize integrated web based MIS		x	x	x	x	x	x	x	x			
2. Improve/ Modify clinic visit checklist and database	x	x										
3. Improve MCP tools and database			x									
4. Improve QMS database (to include analysis features)	x	x										
5. Update coordinates of clinics using GIS	x	x	x	x	x	x	x	x	x	x	x	x
6. Develop critical indicators to monitor program performance	x	x										
7. Develop pilot system to collect information through SMS and scale up as appropriate	x	x	x	x								

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Ensuring consistent utilization of business management tools by NGOs and Clinics												
1. Ensure effective use of business management tools by regular monitoring										x	x	x
2. Using data analysis as a management tool				x	x	x	x	x	x	x	x	x
3. Follow up clinic level activities in line with Business Plan	x	x	x	x	x	x	x	x	x	x	x	x
E. Strengthen Coordination- GOB, other partners,												
1. Strengthen TB logistic management with collaboration of GoB	x	x	x	x	x	x	x	x	x	x	x	x
2. Conduct Go-NGO collaboration meeting once in a year at 6 divisional headquarters						x						
3. SSFP participation in the Joint GoB and Development Partners Annual IMCI Work Plan						x						
4. Holding joint meeting of NWT of IMCI			x						x			

Activity	Quarter 9			Quarter 10			Quarter 11			Quarter 12		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Operations and Administration:												
Personnel												
1. Recruitment of vacant positions (existing)	x	x	x	x	x	x	x	x	x	x	x	x
2. Requirement of vacant position (new) Associate L&Layout associate and short term consultants	x	x										
Property Management												
1. Disposal of inventory	x	x	x	x				x	x	x	x	
2. Procurement of required inventory		x	x	x	x	x	x			x	x	
5. Cross Cutting Issues												
Gender												
1. Follow-up of Community Support Group activities				x	x	x	x	x	x	x	x	x
2. Develop and distribute materials on SSFP's gender policy							x	x	x	x	x	x
Youth												
1. Establish youth sms/hotline	x	x	x	x								
2. Develop and distribute materials on youth friendly services							x	x	x	x	x	x
Anti-Corruption												
1. Administrative Visit	x	x	x	x	x	x	x	x	x	x	x	x

ANNEX E . LOCATIONS OF COMMUNITY HEALTH CLUB

List of existing Community Health Club location

Sl.	NGO	Clinic Location	CHC Locations
1	BAMANEH	Keraniganj	Bhondo Dak Para 1
2	BAMANEH	Keraniganj	Bhondo Dak Para 2
3	BAMANEH	Keraniganj	Shudda Para West
4	BAMANEH	Keraniganj	Shudda Para East
5	BAMANEH	Keraniganj	Shudda Para Noth
6	BAMANEH	Keraniganj	Shudda Modhoo Para
7	BAMANEH	Keraniganj	Kobrbotoo Para 1
8	BAMANEH	Keraniganj	Kobrbotoo Para 2
9	BAMANEH	Keraniganj	Kobrbotoo Para 3
10	BAMANEH	Keraniganj	Ambagicha 1
11	BAMANEH	Keraniganj	Ambagicha 2
12	BAMANEH	Keraniganj	Chun Kutira Para
13	BAMANEH	Keraniganj	Muhuri Para
14	BAMANEH	Keraniganj	Muhuri Para Muslim Nagar
15	BAMANEH	Keraniganj	Abdullapur
16	BAMANEH	Keraniganj	Shahid Nagar
17	BAMANEH	Keraniganj	Char Kutub
18	BAMANEH	Keraniganj	Chun Kutira Modhoo Para
19	BAMANEH	Keraniganj	Sona kanda
20	BAMANEH	Keraniganj	Char Kaliganj
21	BAMANEH	Sibganj	Chadra Hata
22	BAMANEH	Sibganj	Chandor
23	BAMANEH	Sibganj	Uttor Kestopur
24	BAMANEH	Sibganj	Baksion
25	BAMANEH	Sibganj	Mohistro
26	BAMANEH	Sibganj	Belai
27	BAMANEH	Sibganj	Saduria
28	BAMANEH	Sibganj	PutuKhur
29	BAMANEH	Sibganj	Nandura
30	BAMANEH	Sibganj	Vatra
31	BAMANEH	Sibganj	Debchadi
32	BAMANEH	Sibganj	Banihara
33	BAMANEH	Sibganj	Morail
34	BAMANEH	Sibganj	Noldubee
35	BAMANEH	Sibganj	Charkjinhar
36	BAMANEH	Sibganj	Panchodas
37	BAMANEH	Sibganj	Bastghori
38	BAMANEH	Sibganj	Dohila
39	BAMANEH	Sibganj	Bagichapara
40	BAMANEH	Sibganj	Milikipur
41	BAMANEH	Sibganj	Dhondcola
42	BAMANEH	Sibganj	Gonespur
43	BAMANEH	Sibganj	Hudabala
44	BAMANEH	Sibganj	Bisnopur

45	BAMANEH	Sibganj	Antopur
46	BAMANEH	Sibganj	Pakuria
47	BAMANEH	Sibganj	Polashi
48	BAMANEH	Sibganj	Khordor shokra
49	BAMANEH	Sibganj	Gopinathpur
50	BAMANEH	Sibganj	Chatinapara
51	BAMANEH	Sibganj	Aynapara
52	BAMANEH	Sibganj	Dopara
53	BAMANEH	Sibganj	Gorna
54	BAMANEH	Sibganj	Shihali
55	BAMANEH	Sibganj	Fokirpara
56	BAMANEH	Sibganj	Dampara
57	BAMANEH	Sibganj	Gamra
58	BAMANEH	Sibganj	Belvhuja
59	BAMANEH	Sibganj	Dhakhin Chatra
60	BAMANEH	Sibganj	Aligam
61	BAMANEH	Sibganj	Natmorchai
62	BAMANEH	Sibganj	Naraon Shohor
63	BAMANEH	Sibganj	Fakirpar
64	BAMANEH	Sibganj	Rohbol
65	BAMANEH	Sibganj	Sordarpara
66	BAMANEH	Sibganj	Boikanthopur Noapara
67	BAMANEH	Sibganj	KukiKalidas
68	BAMANEH	Sibganj	Bhobanipur
69	BAMANEH	Sibganj	Harirapmpur
70	BAMANEH	Sibganj	Loskorpor
71	BAMANEH	Sibganj	chakpara
72	BAMANEH	Sibganj	Dolotpur
73	BAMANEH	Sibganj	Kanjihari
74	BAMANEH	Sibganj	KaluGari
75	BAMANEH	Sibganj	Badegannoi
76	BAMANEH	Sibganj	Neomotpur
77	BAMANEH	Sibganj	Nandipur
78	BAMANEH	Sibganj	Dharia
79	BAMANEH	Sibganj	Sholagari
80	BAMANEH	Sibganj	Gorianpara
81	BAMANEH	Sibganj	Matian
82	BAMANEH	Sibganj	Chakkanu
83	BAMANEH	Sibganj	Dabuir
84	BAMANEH	Sibganj	Uttar Atmul
85	BAMANEH	Sibganj	Asrafpur
86	BAMANEH	Sibganj	Shiddirpur
87	BAMANEH	Sibganj	Chalunja
88	BAMANEH	Sibganj	Barkaunia
89	BAMANEH	Sibganj	Medinipara
90	BAMANEH	Sibganj	Uttar Shampur
91	BAMANEH	Sibganj	Meghakhordda
92	BAMANEH	Sibganj	Pandit Dohopara

93	BAMANEH	Sibganj	Gonok para
94	BAMANEH	Sibganj	Paikpara
95	BAMANEH	Sibganj	Arjun pur
96	BAMANEH	Sibganj	Raynagar
97	BAMANEH	Sibganj	Nimerpara
98	BAMANEH	Sibganj	Challishchatro
99	FDSR	Cox'sbazar	Lighthouse Kolatoli
100	FDSR	Cox'sbazar	Kholar Para
101	FDSR	Cox'sbazar	Teknaf Para
102	FDSR	Cox'sbazar	Chon Khola North
103	FDSR	Cox'sbazar	Chon Khola South
104	FDSR	Cox'sbazar	Chon Khola East
105	FDSR	Cox'sbazar	Palli Lahar para
106	FDSR	Cox'sbazar	JorJori Para
107	FDSR	Cox'sbazar	South Kolatoli
108	FDSR	Cox'sbazar	Tarabonia Chora
109	FDSR	Cox'sbazar	Kolatoli North
110	FDSR	Cox'sbazar	West Bahar Chora
111	FDSR	Cox'sbazar	Techpara
112	FDSR	Cox'sbazar	West Teck Para
113	FDSR	Cox'sbazar	Peskar Para
114	FDSR	Cox'sbazar	Pahartoli
115	FDSR	Cox'sbazar	Bodho Gona Para
116	FDSR	Cox'sbazar	ADC Gona Para
117	FDSR	Cox'sbazar	Pollan para
118	FDSR	Cox'sbazar	Shai Teck Polli
119	FDSR	Cox'sbazar	East Nhar Para
120	FDSR	Cox'sbazar	Choudhuri Para
121	FDSR	Cox'sbazar	FM Para
122	FDSR	Cox'sbazar	West Rumalia Chora
123	Tillotma	Naudapara	Shek Para
124	Tillotma	Naudapara	Chak Para
125	Tillotma	Naudapara	Dhakin Naodapara
126	Tillotma	Naudapara	Molda Koloni
127	Tillotma	Naudapara	Ghola Bari
128	Tillotma	Naudapara	Dhari Para
129	Tillotma	Naudapara	Haidar Hat

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ANNEX F . CLINIC EXPANSION

Summary:

Clinic Expansion: Number and Type

Type of Clinic	Year 2	Year 3	Remark
Vital	286	276	13 will be upgraded as Ultra and 3 will add as new clinic
Ultra (B-EmOC)	14	16	4 will be upgraded to EmoC and 6 will be upgraded from Vital
Ultra (C-EmoC)	20	31	4 B-EmOC will be upgraded and 7 vital will be upgraded.
	320	323	

Details:

Clinic Expansion: Number and Type

SI #	Name of NGO	Clinic ID	Present Status	Future Status	ClinicName
1	PSKS	175	BEmOC	CEoMC	Daulatpur
2	PSF	69	BEmOC	CEoMC	Gobindaganj
3	CWFD	33	BEmOC	CEoMC	Gandaria
4	Malancha	111	BEmOC	CEoMC	Sherpur
5	KANCHAN	291	Vital	CEoMC	New Town (Fulhat)
6	JTS	78	Vital	CEoMC	Baghmara
7	Image	75	Vital	CEoMC	Nasirabad
8	PSTC	179	Vital	CEoMC	Bhairab
9	UPGMS	263	BEmOC	CEoMC	Mulatole
10	PSF	71	Vital	CEoMC	Sundarganj
11	Nishkriti	113	Vital	CEoMC	Monsurabad
12	SOPIRET	25	Vital	CEoMC	Laksham
13	TILOTTAMA	255	Vital	BEmOC	Naogaon
14	TILOTTAMA	257	Vital	BEmOC	Nawabganj
15	JTS	24	Vital	BEmOC	Chandpur
16	FDSR	67	Vital	BEmOC	Teknaf
17	FDSR	289	Vital	BEmOC	Lohagara
18	FDSR	60	Vital	BEmOC	Chokoria