



USAID | **BANGLADESH**
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SMILING SUN FRANCHISE PROGRAM

YEAR 4 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

Highlights from year 3 accomplishments. Year 3 was an excellent year for SSFP and its partners in terms of accomplishments and results. In terms of service delivery, SSFP has met, or exceeded, its targets. During this year, the SSFP network was responsible for 1.4 million couple years protection; close to 1.2 million ANC consultations, and over 22 thousand safe deliveries. In addition, SSFP had 27 million total service contacts with 30.5% of those clients being poor while achieving a cost recovery rate of 45%.

This year marked SSFP's expansion to the Chittagong Hill Tracts with three clinics opened in at the end of August. Other types of expansion included increasing the number of emergency obstetrical care (EmOC) clinics to increase access for poor women to labor and delivery services and maternity care.

With quality as one of SSFP's key elements, the others are ensuring services to the poor and achieving financial sustainability-- SSFP further strengthened its continuous quality improvement system. In year 3, SSFP and its partners decided to publish quality scores of all clinics on SSFP's project website so project directors and clinic managers could see their rankings and evaluate how their clinics are doing in comparison to others in the network. Also important is that SSFP simplified and improved its web-based business plan tool. Feedback from clinic managers and project directors has been positive. They have expressed their satisfaction with the process which, according to them, helps to improve overall clinic management.

Equally important, SSFP continued strengthening its ties with the GoB at different levels. Several high ranking government officials attended meetings and events organized by SSFP, such as the Program Advisory Committee (PAC) meeting, the tripartite review and the launching of the SSFP clinics in the Chittagong Hill Tracts.

As part of the World Population Day, three SSFP NGOs received awards in recognition of their role in providing quality family planning services to the people of Bangladesh. NGOs receiving awards were MMKS for their work in Rajoir in Madaripur; Paribar Kallyan Samity (PKS) for their work in Khulna, and Swanirvar Bangladesh for their work in Lalmohan, Bhola, and Barisal.

Approach to year 4 activities. SSFP's year 4 strategy will be different than previous years as the focus will be to capitalize on gains made during the first three years of the project. Furthermore, we placed a substantial emphasis on consolidation and documentation; identifying project lessons learned and legacies with strategies for communicating them.

Process for developing this work plan. SSFP held three stakeholder consultation meetings during the lead-up to the annual work planning workshop. The first was with the project advisory council (PAC), which is made up of Government of Bangladesh representatives, USAID, representatives from other donors and international organizations. The second meeting was the tripartite review. Attendees include SSFP team leaders, MoPW staff, joint chiefs and line directors, and USAID representatives.

The NGO consultation meeting was attended by project directors and NGO representatives. The purpose of these meetings was to collect input from key stakeholders in the SSFP year 4 work plan. A summary of the inputs from the tripartite review and the NGO consultation meeting include:

Government of Bangladesh:

- ❖ SSFP is present in all districts of Bangladesh with a unique service delivery model that covers both urban and rural areas;
- ❖ This approach is new, and the government believes that more time is needed to see if this strategy yields beneficial results. It is also acknowledged that SSFP is working in line with the GoB program;
- ❖ The MoPW supports SSFP's cost recovery approach and attempt to achieve a degree of financial sustainability. The GoB needs an alternative or new approaches for financing health service delivery;
- ❖ Bangladesh needs to focus on maternal health services—the fifth millennium development goal 4. SSFP's support for emergency obstetrics centers (EmoC) has contributed to the reduction in maternal mortality;
- ❖ SSFP must ensure that service providers are adequately trained; and
- ❖ SSFP and the MoPW should conduct joint clinic monitoring visits.

USAID:

- ❖ SSFP should continue to do more of the same; no expansion of clinics at this point. Emphasis should be on consolidating and ensuring that gains achieved to this point are on a firm foundation;
- ❖ Focus should be on continuing to improve the quality of services provided by the network, getting as many clients in the clinics as possible, institutionalizing approaches, and continuing partnerships; and
- ❖ SSFP should focus on documenting lessons learned and strategies and disseminating these lessons learned.

NGOs:

- ❖ Contraceptive supplies from GoB remain a critical issue. This should be addressed in the year 4 work plan;
- ❖ Service provider turnover is a problem. The GoB has undertaken a massive recruitment campaign and without a program intended to retain staff, NGOs will continue losing doctors and paramedics to the government service; and
- ❖ Expanding laboratory services represents a significant opportunity for NGOs to expand services to respond to client needs.

Highlights of the year 4 work plan. The fourth year represents a defining moment for SSFP in which gains attained throughout the project life will be further strengthened and

secured through a process of targeted investment, declining grants, cost containment and strategic growth. The ultimate objective is to deepen achievements to ensure long term operational sustainability for the network, while providing good quality health services to a larger number and proportion of poor clients.

During this year it is expected that Smiling Sun clinics will provide an unprecedented number of services (it aims to provide over 38 million services), increasing revenues and achieving higher than ever levels of financial sustainability (50% or more) while serving more poor (30% of a larger client base). The network is poised to attain higher levels of efficiency and to deliver better quality services to a growing population that is increasingly demanding higher value.

To ensure this, SSFP will continue investing in quality of care by strengthening its Clinical Quality Council, turning it into a point of reference not just for the partnering NGOs, but also for other organizations, GoB included. In addition, SSFP will continue its training program for service providers as professionals' turnover is high and the network must maintain the ability to offer quality services to its clients. Training has the double purpose of helping to improve the technical edge, while serving as a motivating factor to encourage its more than 1,200 providers to remain in the network.

Because of its coverage and proximity to local and national authorities, and because of its close relationship with private and NGO sectors, SSFP is well placed to help USAID advance its strategies intended to strengthen health systems and service delivery for the communities in need. During this year, SSFP will establish direct dialog with all district level authorities and meet with Upazilla and City Corporation authorities to coordinate activities intended to support the GoB to achieve its social and health objectives.

Equally important, during this year, SSFP will capitalize on the investments in infrastructure and marketing, as well as community based promotional and communication interventions to generate demand for SSFP services. Parallel to this effort is to ensure GoB's endorsement and support, continuing to solidify SSFP's ties with the government at all levels.

SSFP looks optimistically towards the future, expecting to leave behind a structure capable to manage a large network of clinics with deep reach into the community with high levels of operational and financial sustainability, strong partnerships, renowned brand, and capable managers.

SECTION I. CONTEXT AND ACCOMPLISHMENTS

A. Background

Year 4 work plan development process. SSFP has traditionally developed work plans through a consultative process involving a wide range of stakeholders including all partnering NGOs, special partners, donor agencies, GoB and USAID. To develop the final work plan, SSFP conducted one-on-one interviews with all NGOs, either through phone or personally. SSFP staff interviewed project directors and NGO representatives to the Membership Council. SSFP staff also interviewed key government officials, members of the development community, and special partners. Concurrently, SSFP started developing business plans with NGOs, improved the web-based planning tool, and improved its feedback mechanisms so NGOs would be able to further improve their management and planning capacity. Once collected and organized, SSFP staff developed a draft plan. The premises of this plan were informed by two important meetings: Tripartite review and a Membership Council workshop. After that, SSFP staff met to develop the final plan and its budget.

Implementation of the BOT model: the transfer phase. During the previous three years, SSFP has developed and built the foundations to create a structure to effectively manage one of the largest private healthcare networks of its kind in the world. During the last year of the project, SSFP will continue the activities of the Franchise Management Organization. SSFP has built to a great extent, the capacity needed to run the network and the FMO would be ready to transparently procure products and services, maintain an effective accounting system and related auditing, maintain and improve quality of care, and maintain and increase brand value and electively promote clinic services.

B. Summary of Year 3 Accomplishments

Performance Outcome 1: A Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation.

SSFP continued to strengthen key functions within SSHS—the franchise management organization. SSHS now has centralized procurement processes, improved clinic management capacity, and a culture of client centered quality of care. In year 3, SSFP focused on clinic manager’s training as a way to continue transferring capacity and building a common set of principles, knowledge and expectations throughout the network. This fell in line with an ongoing process of cultivating procedures and systems intended to improve network management. SSFP also continued to monitor project performance, and NGO business plans to ensure that each NGO was meeting their commitments, but more importantly be certain that they were getting the support needed from SSFP.

SSFP has been revised and distributed manuals for human resource, property management, and operational procedures. These policies and guidelines are an important asset for the following project phase. In addition to this, clinic manuals have been finalized to help all levels of the network to operate in a uniform way.

SSFP convened one meeting with the Board of Trustees and four meetings of the Membership Council during this year. The main purpose of these meetings was to introduce the newly appointed Franchise Manager (FM), who is also an ex-officio member of the Board of Trustees. Offering quality services is an essential element for SSFP's sustainability—satisfied clients are a critical approach to increasing clinic traffic. SSFP continues in its mission of offering quality, client centered services at affordable prices. SSFP held four Clinical Quality Council (CQC) meetings during this year.

SSFP has revised external communications materials and as a result re-designed some of them, improved significantly its website and developed new materials such as updated “one-pagers” and the weekly news brief. During this year, special emphasis was given to a newsletter with a revised format and the program website. The website includes new features to communicate values, and strengths of the network. All network members can access all SSFP promotional materials, manuals and guidelines from this platform.

During this year, SSFP Sun worked with the GoB on the 18th National Immunization Day (NID). Smiling Sun clinics immunized 1.64 million children. This coverage represents 7.45% of the total children vaccinated in Bangladesh.

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.

Through-out this year, SSFP has steadily increased the cost recovery and the revenue generated by the clinics. Keeping with the tenets of the double bottom line approach, the program continued working on cost containment and increasing revenues while creating access for those that cannot afford to pay for services. During this year SSFP improved the tools and the processes used to develop NGO and clinic business plans. NGO participants agreed with and supported the changes introduced by the tool, the database, and the business planning system.

A new price strategy took effect April 1, 2010. This new pricing strategy, which is based on findings from the 2008 Measure evaluation, balances service expansion, access to the poor, program income objectives, and financial sustainability. NGOs continued providing monthly financial reports with a standard reporting and reconciliation format. As a result of a confirmed breach of contract, SSFP terminated its grant agreement and conducted the financial close out of Malancha. After a formal evaluation of managerial capacity and ability to conduct business where Malancha operated, SSFP has transferred project assets to Bamaneh. Both clinics continued services to the targeted population with minimum or virtually no interruption during the close out process. SSFP has taken these unwelcome

contract terminations as an opportunity to improve network efficiency by rationally redistributing clinics and resources among participating NGOs.

SSFP continued working with strategic partners to bring in additional resources that will help serve the poor. The collaboration with the GoB is essential to fulfill SSFP's mandates. SSFP has been able to reach unprecedented levels of performance in child health services, and has reached the highest level of FP service output registered in more than 8 years in the network. SSFP implemented a plan to improve LAPM services in the three low-performing divisions (Sylhet, Chittagong and Barisal) by focusing efforts on capacity development and community mobilization. To increase access to maternal health services, the GoB has included the demand side financing (DSF) program under the Health, Nutrition, Population Sector Program (HNPSP); nine Smiling Sun clinics offered quality maternal care services to poor women through this program.

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.

During this year, SSFP continued strengthening service delivery capacity while advancing the double bottom line agenda by encouraging and supporting NGOs to offer quality services, particularly to those in need. SMC and SSFP signed an MOU to form an alliance to work on improving maternal health, nutritional status in children in the communities SSFP serves through Community Service Providers, and to increase LAPM use by supporting referrals from Blue Star providers. This agreement increased access to services, and increased CSP revenues, thus increasing the chance for long-term sustainability.

Building on the existing agreement with FHI to offer health services to in female sex workers in Dhaka City Corporation, a new agreement with FHI was signed to extend these services to reach five districts. The new agreement expanded health services to men who have sex with men, and other communities served by the FHI program. SSFP also opened three clinics in the Chittagong Hill Tract (CHT).

Monitoring services continues to be a critical part of SSFP's approach to quality of care. Also essential is ensuring clinic teams take ownership of quality and it becomes inherent in the day-to-day functioning of the clinic. SSFP continued training in EmOC and CPR. To ensure a common client experience and maintain standards of care throughout the network, SSFP continued standardizing, to the extent possible, the look and layout of the clinics in the network.

C. Cross-cutting issues

Gender. As community service groups for each clinic have been established, SSFP focused on making EmOC and other reproductive health services available and accessible to women that need them.

Youth. SSFP initiated a SMS/hotline for youth. Through this, young people will be able to receive reproductive health information through SMS.

Anti-Corruption. SSFP continued its zero tolerance policy in the area of corruption. SSFP convened meetings with several NGOs to follow-up on audit findings concerning various irregularities. SSFP began publishing individual clinic quality scores on the SSFP website. Putting this information in the public domain has been a catalyst in encouraging project directors and clinic managers to focus on their performance.

SECTION II. YEAR 4 WORK PLAN

A. Technical Activities

A1. Performance Outcome 1: A Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation.

Introduction. True to the BOT model, during the third year of the project SSFP continued strengthening vital franchise functions, filling key positions, improving and implementing systems and developing essential capacity to prepare SSHS to gradually gain autonomy in network management, and day to day operations decision making. During the fourth year of the project, SSFP will continue developing the institutional capacity that will allow an effective network management in the near future, but with a long-term vision. It is essential to stimulate NGO participation in consultative bodies, such as the Membership Council and other technical meeting such as the clinical quality council (CQC). Equally important, SSFP will strengthen the relationship with the GoB at different levels; for this, advancing advocacy activities to include local level authorities will dominate the SSFP agenda. Along these lines, committees working on specific issues such as LAPM and child health will continue working for SSFP and GoB jointly advance their health programs. Finally, SSFP will continue approaching GoB to explore effective outsourcing of community clinics.

Building on previous investments

Membership Council. During the fourth year, SSFP will benefit from previous investments in developing participatory governing bodies. Consulting with NGOs through an active Membership Council will further strengthen the sense of ownership that many, according to themselves, have already attained. During the last year of the project, SSFP will organize three quarterly meetings and a final project meeting to present lessons learned, anchor legacies and provide a sense of direction for the network.

Project Advisory Committee. To solidify gains and to continue strengthening relations between the network's management structure and the GoB and other development partners, SSFP will organize two more PAC meetings to discuss program progress and how to make permanent gains to date. This body has provided strong support to the network and current members have expressed their interest in maintaining this active and vibrant relationship.

SSHS Board of Trustees. Support from civil society through the SSHS board of trustees is welcome and had proven useful for the project. This board represents an independent entity that in case of dissolution will have to be voted for and by its members. SSFP proposes to meet with the board every quarter until the end of the project, and meet some of its members individually when their advice might be required.

Maintain and continue developing structure for managerial best practices

Centralized procurement. SSFP has been successful in attaining better prices for drugs and medicines for NGOs. Discounts achieved through SSFP have gone from 16% to over 25%. Today, the revolving drug fund (RDF) offers all NGOs a much better return to allow the NGOs to offer their clients affordable health, and increase their ability to further serve the poor. During the fourth year, SSFP will continue providing this service on behalf of the Smiling Sun NGOs.

Brand management. While research will be needed to assess SSFP's true brand equity, certain recent market behaviors, such as unauthorized use of the brand by service providers, lead us to believe that the SSFP brand is becoming increasingly known by providers and potential clients alike. After three years of continuous and targeted community communication investment SSFP plans to help the network to use the brand in communication approaches; increasing its value and target audience knowledge of it. The intention is to ensure the SSFP brand will have the strength to endure over time and continue to be recognized as a symbol of quality health services.

Anchor in quality of care

During the first three years of the project, SSFP has worked diligently to make quality of care an essential value for all members of the network at all levels. From the outset of the project SSFP has inculcated the notion that quality is an essential process and a guiding principle of the service delivery system. During the fourth year, SSFP will continue carrying out those activities that helped the project to develop the foundations to build a corporate culture around quality. This is one of the legacies the project will leave behind in Bangladesh.

Quality Council strengthening. NGOs have been increasingly involved in ensuring quality of care for its clients and providers. Through consistently inviting and ensuring the participation of partnering NGOs in 11 CQCs, SSFP has helped to build a name around quality that is not just recognized by the network members, but also by stakeholders and outsiders. During the fourth year of the project, SSFP will continue strengthening this important body and will ensure the participation of other partners to advance the network's health quality of care agenda. NGO monitoring officers will participate in the council. This year SSFP will expand participation to project directors, and selected clinic managers. SSFP will organize three CQCs during year 4.

Fostering a culture of quality of care. To continue strengthening the foundations of a culture of quality of care in the network, SSFP will continue keeping the Membership Council informed about progress in this area. SSFP will continue presenting relevant quality issues and achievements in every membership council meeting. 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.

Policy and advocacy with GoB

Continue interaction with MoHFM/DGHS/DGFP policy makers and staff. SSFP has developed strong and productive relations with all wings of the Ministry of Health and Family Welfare. Almost since project inception SSFP pointed out program liaison officers to advance specific programs in the health agenda (i.e. immunization coverage, LAPM, reproductive health and safe motherhood). This has been reflected, among other things, in a more dynamic immunization program, in improved technical capacity to offer permanent family planning methods and expanded access to critical programs such as DSF. To continue strengthening current activities and potential developments SSFP will ensure continue interaction programmed interaction of liaison officers with different levels at the ministry and directorates, through a structure program of regular informative visits to different line directors, program performance discussions and joint clinic visits.

Conduct joint clinic visits with policy makers and GoB officials. SSFP has found that sharing experiences with GoB officials where services are provided is a particularly effective way of advocating for the network and to strengthening ties at the personal and institutional levels. Since GoB officials and policy makers have continuously and repeatedly requested for joint visits Smiling Sun clinics, this year SSFP will set up 4 to 5 teams to organize monthly structured visits to selected clinics with joint teams of SSFP staff and government officials of different levels, from the central offices to the local dependencies.

Briefing meetings with District/Division levels Health and FP officials. To advance USAID strategy of strengthening health systems of GoB and collaboration between programs and government counterparts, SSFP will organize meetings with health and FP authorities of each of the 64 districts where the program operates. During these meetings government officials and SSFP staff will identify potential areas for collaboration and will establish concrete partnerships. As part of this advocacy effort, SSFP will also direct NGO program directors to contact all Upazilla authorities to coordinate health activities and inform about program performance.

Briefing meetings with LGRD and City Corporations/UPHCP for urban health service. Due to a continuous migration from rural areas to the urban centers, the demographic landscape of Bangladesh is changing rapidly. Approximately 50% of SSFP clinics are located in urban areas; for that matter it is important that the program develops stronger relationships with City Corporation authorities to strengthen ties and to identify and develop program related partnerships. SSFP will involve NGO project directors to ensure a continuous collaboration between programs at all levels. In addition, SSFP will approach LGRD to identify potential areas for collaboration, including involving other programs such as UPHCP and Marie Stoppes which have strong presence in urban areas.

Continue advocacy efforts to support CHT expansion. Recently SSFP entered the Chittagong Hill Tracts with three clinics and some 40 satellite sites. This expansion into a specially administered area will require continuous support from local and central authorities, for that matter SSFP will seek to forge strong relations with the Ministry of

CHT affairs as well as the Local Government entities. SSFP expects to expand its presence in the area to 120 satellite sites and to recruit 120 community service providers (CSP) to advance health programs in this remote area of the country.

Tripartite review. This year SSFP proposes to carry out one meeting with GoB, USAID and SSFP in April or May of 2011. This meeting will give the main program stakeholders an opportunity to provide a sense of direction for the program in its final stages.

Study Tours for Senior Government Officials. During the second quarter, SSFP will facilitate two international study tours for senior government officials to expose them to successful models of public health service delivery in private and public settings, in full alignment with program objectives. Models in relevant countries -such as Kenya because of its experience in Social Franchising, Egypt because of government led LAPM programs involving private sector, Indonesia as a leading example of government led public-private partnerships and the Philippines for its private sector development- will be chosen based on the perceived pertinence for the Bangladeshi context.

Organize consultative meeting of National Working Team for IMCI. SSFP is in a unique position to scale up late developments in healthcare with the potential to reach significant populations. Having this in mind, SSFP staff will approach the National Working Team for IMCI to identify areas for collaboration and program strengthening; for that, SSFP will organize a consultative meeting and follow up sessions on specific jointly chosen IMCI topics.

Program communication

Communication materials and tools. SSFP has constantly reached out stakeholders and other interested audiences with informative materials reporting on program achievements and innovations. During the final year of the project SSFP will redouble its effort of effectively communicating about best program practices, innovative approaches, lessons learned and legacies to a community interested in diverse topics such as health networks, socially driven health service delivery, health equity and financing, and health systems in general.

- a) **Quarterly newsletter development and distribution**
Program stakeholders have referred in positive terms to this information tool, encouraging SSFP to continue using it to inform interested audiences about program progress and latest developments. During the last year 4 quarterly editions will be published in both printed and pdf formats and distributed by regular and electronic mail to ensure appropriate distribution; in addition, the electronic version will be posted in the SSFP website.
- b) **Program website periodic update**
The program website is visited by interested individuals from all over the world. In it they can find program news, interesting stories, ads and other interesting communication elements. In addition, any interested person can obtain

information about clinics location, partnering NGOs and services offered. For NGOs, the website offers information about quality improvement, as well as access to management tools, guidelines and manuals which can be easily downloaded by SSFP, NGO and clinic staff. During this year SSFP will ensure that the website is periodically updated and, as it has done in the past, it will communicate stakeholders about relevant updates.

End of project workshops. Lessons learned, best practices, innovative practices and project legacies will be shared with local and international audiences interested in advancing social franchising and health service delivery and systems management. SSFP will organize one international event, one national close-out workshop and one two days technical consultation workshop.

- a) Technical consultation workshop – the intention of this event is to focus on technical lessons learned. Potential areas of emphasis could be quality assurance, service expansion, using MIS service data to track performance and manage quality.
- b) Close out workshop - this half day workshop SSFP will present the project final report and a summary of project achievements as well as best practices and lessons learned.
- c) Washington event – this will in effect combine content of the technical consultation and close-out workshops. The audience for this event will be US-based partners and stakeholders

Develop legacy documentation and dissemination strategies. SSFP has identified a set of legacies that will be shared with interested audiences in country as well as internationally. Three sets of legacies have been recognized as the main aspects the project can share with others interested in developing and implementing similar approaches abroad, as well as those interested in continue advancing social franchising and service delivery networks in Bangladesh.

- a) Strategy development- this area will focus on how to adopt a social franchising approach given a set of local environmental factors such as client needs, health seeking and purchasing behavior, service delivery and management expertise.
- b) Materials development – SSFP has developed a set of materials that can be used for service delivery in the future. We will a compendium of materials that can be adopted for use it the future.
- c) Video development – this video will document the client and service provider perspectives experience with SSFP.

Media advocacy. To continue advancing the social health agenda in Bangladesh beyond the life of the project and around the Smiling Sun brand and business concept, SSFP will

develop a structured and integrated communication approach to reach out to media practitioners interested in publicize health services and healthy behaviors and practices. To support this intervention, SSFP will conduct media practitioners orientations and will develop a press/communication kit.

a) Develop press kit

To convey consistent and solidly informative messages, SSFP will develop a press kit that will support media practitioners to disseminate relevant information about Smiling Sun. This kit will be distributed among professionals of electronic and classic media.

b) Media orientation

SSFP will organize 12 meetings with media professionals from radio, TV and newspapers to support them in their efforts to disseminate information intended to promote healthy practices and the name of Smiling Sun. The press kit will be distributed among all media practitioners that attend the orientations and the activity will be follow up with personalized communications distributed by e-mail. Different stories published will be uploaded in the SSFP's website.

Partnership with GoB

The relationship between GoB and SSFP has resulted in concrete partnerships that because of the nature of the program can be scaled up and strengthened.

Communication meetings and activities to strengthen collaboration. SSFP will report monthly to interested parties at the GoB about progress in different areas such as family planning and child and maternal health.

a) Strengthen LAPM service delivery

SSFP will continue advancing its partnership with GoB in this important area seeking to expand to at least 50 well equipped clinics the existing collaboration with some local authorities to perform LAPM camps and also to improve the permanent supply of these methods. Equally important is to ensure GoB support to resource management activities related to this program such as advanced disbursements and compensation payments.

b) Expand access to demand side financing

During the third year SSFP could expand service demand around DSFP for the clinics where the program is currently operating. For the last year of the project, SSFP seeks to strengthen the role of the GoB as third party payer by expanding service access to all areas in which this program and SSFP presence coincide.

c) Services and clinics outsourcing

SSFP and the GoB have started conversations about the possibility of the GoB outsource Community Clinic management. Because of its experience and geographic reach SSFP would be an ideal candidate to manage a relevant number of these clinics, depending on GoB's scope and interest. To date, SSFP manages

or provide health services in around 70 community clinics in different parts of the country.

d) **Delivering TB DOTS services**

SSFP continues to coordinate with the Director of MBDC and Line Director of TB-Leprosy, Directorate General of Health Services, WHO-TB program and BRAC-TB program to implement the Tuberculosis (TB) Control Program . SSFP also coordinates with all partner organizations for planning, coordinating and managing TB DOTS activities in its 56 DOTS centers, 33 Microscopy sputum smearing centers and 1 EQA laboratory. SSFP provides support in managing the Ambulatory phase of MDR-TB case management within SSFP network, coordinate and report to NTP and NIDCH as per guidance of NTP and NIDCH. Liaising with NTP, SSFP ensures continuous smooth supply of TB drugs, reagents and other necessary logistics to run the DOTS. Finally, SSFP supervises and monitors EQA activities of EQA Lab and conduct PDSA cycle to find out the root causes of discordant slides of microscopic centers declared by 2nd controller of Shyamoli TB center and conduct joint visit with NTP personnel's to minimize this gap.

Private Sector Partnerships

The private sector has been an increasingly important source of key resources for SSFP. So far, SSFP has established 8 effective partnerships with private companies that have resulted in the opportunity to serve a vast number of clients or to improve its operational capacity. Private sector partners have been grouped in three categories depending on its scope and involvement in the project.

Fees for service. It is an essential element in increasing SSFP's financial sustainability and to improve its ability to cross subsidize clinics and serve more poor clients. During the last year, private sector partners paying for client services reached over 15 % of total program revenues.

a) **Finalize MOUs with Transcom, H&M and BATB**

SSFP has developed relationships with important local and international companies. For months these companies and Smiling Sun have been crafting complex agreements to ensure service delivery to their workers. This activity is an important potential source of revenue. Up to this point, SSFP is in the process of signing MOUs with Transcom Electronics, H&M and BATB. These are expected to be signed during the first quarter of the fourth year.

b) **Continue relationship with GP**

While SSFP has served hundreds of thousands of clients using GP resources, continuing this partnership depends essentially on the mobile phone company CSR strategy. SSFP has as a goal to maintain and strengthen the relationship with Grameen Phone.

c) **Define new partnerships opportunities**

It is essential for SSFP to diversify its sources of revenue by reaching out to a larger number of potential partners. This year SSFP will approach different

companies with strong reputation of social interest such as Rahinafrooz, Akij Cement and Tullow.

Infrastructure, equipment and operations. The same way that some partners are interested in paying exclusively for services delivered to key populations, other partnerships have provided SSFP with operational infrastructure. SSFP intends to strengthen its existing partnerships and expect to find other potential partners.

- a) Finalize MOU with Chevron
During the third year of the project, the multinational energy company Chevron expressed its interest to operate some of its CSR activities directly through SSFP. An MOU has been developed and the two organizations are about to sign it. This MOU will guarantee operational support in three clinics in the Sylhet area.
- b) Maintain and expand relationships with existing partners
SSFP has developed strong relationships with different private companies such as CEMEX, DBBL and KAFCO which resulted in monetary donations with a purpose. In the cases of CEMEX and KAFCO, SSFP received resources to build facilities in Saronkhola and Anoara respectively. It also received a donation from the Dutch Bangla Bank foundation to provide cervical cancer screening to poor woman.
- c) Define new partnership opportunities
SSFP will approach foundations and organizations such as the Prime Bank Foundation, the A.K. Khan Foundation and the Emirates Foundation to spark interest and gather resources to cover operational expenses in key but hard to financially sustain areas.

Information and communication technology. SSFP is interested in identifying potential areas to increase managerial and operational efficiency and is approaching IT/C companies interested in funding interventions with similar objectives.

- a) Rollout pilot with Frontline SMS and Nokia
SSFP will rollout a pilot intervention financed by Frontline SMS and Nokia intended to develop and operate a mobile based data collection system based on SMS. This system will allow paramedics who provide services in satellite sites to gather the ESD card information of a client over the phone and send it to the clinic. Equally important, the provider will be in capacity to retrieve some information through the same way.
- b) Continue rollout with Space Race
Space Race is a modern IT based communication agency interested in partnering with SSFP. This year Space Race video equipment will be placed in over 100 clinics to reach millions of potential consumers that visit the facilities throughout the year. SSFP and Space Race will share sponsors revenues and will use SR video equipment to transmit relevant health messages to a captive audience.

- c) Define new partnership opportunities
Within the context of M4H, SSFP will approach different IT companies that can offer a business opportunity to improve service delivery and program sustainability. Examples of these companies are mobile carriers, ClickDiagnostics and Grameen Solutions.

Special events. SSFP will organize the best PD award to recognize professional achievements of the project directors as a way to motivate them to continuously improve their performance and to exchange best managerial practices. This event will be sponsored by three private companies. In addition, SSFP will also seek the support of potential partners to share costs of promotional activities around special dissemination days (i.e. hand washing, safe motherhood, etc.).

Assist NGOs to identify, nurture and secure local resources. By sharing examples and information about potential individual donors and experiences SSFP will help partnering NGOs to develop relationships with potential donors and secure individual donations in cash and in-kind to support clinic operations.

Maintain leverage tracker to follow up contributions. SSFP will maintain a tool and database designed to keep track of the value of all contributions provided by private sector and individual donors.

Assist NGOs to maintain good relationship with strategic partners. SSFP will develop a guideline and provide guidance to NGOs interested in developing and maintaining a fruitful relationship with SSFP's strategic partners.

Finalize Sustainability Plan

With support from Chemonics Headquarters SSFP developed and at the project onset a comprehensive document –which was also updated- that described the strategy intended to guide the program in its journey towards achieving operational and financial sustainability. For the last year, SSFP will update and finalize the strategy document intended to guide the program, including a detailed chapter about approaching and securing donor support from international organizations interested in supporting the program in the long haul. This plan will also serve as the guideline for key approaches towards revenue generation and cost containment and management.

- a) Identify expenses and sources- a thorough review if service delivery and management expenses will be done ensure that all efficiencies have been captured. At the same time we will continue to survey other sources of revenue for the SSFP network
- b) Confirm and prepare proposals to donors and private foundations – based on the survey, prepare and submit proposals.

- c) Partnerships (private sector, GoB, other implementing partners, individuals) – different than donors, SSFP will continue to pursue public-private partnerships to help subsidize network service delivery costs.
- d) Fees for service – service fees for those that can afford to pay will remain to be a main source of revenue for SSFP. These fees are critical to support network operations and subsidize services to the poor.

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 three years of operation, SSFP created conditions for NGOs to increasingly rely on program income and to depend less on grant money. During this final consolidation phase, SSFP will further strengthen the elements that will ensure that services to the poor are offered at the expected levels of quality and performance and that resources are utilized as agreed in the business planning process. During this time, SSFP will also guarantee that conditions for financial and operational sustainability are maintained and strengthened, so the network can develop a solid base for service cross subsidization and client loyalty.

Increasing network efficiency. Sustainability can only result in an environment in which decreasing resources are used more efficiently. Since the program onset, it was conceived that SSFP would reduce its dependence on grant resources but, at the same time, would continue increasing its service output, and would continue serving a rising demand for health services for the poor. During the fourth and final year of the project, SSFP will continue implementing activities that have demonstrated positive results, supporting and creating the infrastructure necessary to provide quality services in the long run. Investments in “soft” areas such as monitoring, supervision and training, create essential conditions for operational sustainability, and require continuous observation and updating, thus helping to avoid heavy investments in the future, when abandoned functions have to be reconstructed almost from scratch.

Resource and information sharing. This is a critical activity to help partnering organizations and respective clinics continuously improve, elevating this way the average performance in terms of quality of care and service delivery efficiency. This activity is implemented through the following means:

a) Clinic monitoring visits

Clinic monitoring visits are one of the cornerstones of SSFP’s approach to quality. These visits have proven vital to improving and maintaining the quality of care throughout the SSFP network. Periodic visits ensure that clinics are properly managed, and that resources are effectively and efficiently used. Visits are performed by NGO and by SSFP staff in a coordinated manner, and are designed to provide immediate feedback in key areas such as service delivery, infection prevention, clinic management practices and service promotion, so staff can receive concrete support to improve weaknesses and better address challenges. Clinic visits are complemented by an analysis of service statistics. This analysis is conducted by the six project task forces; maternal health, child health, TB, training, diagnostic, and other reproductive health. The results of this analysis are sent to the NGOs. In the past, this approach has helped individual clinics to improve their program performance. FOT members continuously follow-up monitoring visits

suggestions and results as well as the clinic level activities for the implementation of the clinic level business plans. In addition, monitoring visit findings are discussed at the quarterly Clinical Quality Council meetings, and are entered in the clinic visit database, which can directly be accessed by the COTR.

Currently, there are 323 clinics in the SSFP network. We anticipate that each clinic be visited approximately 6 times during this work plan year.

b) Conduct minor renovations and continue clinic maintenance

SSFP's clinic facility improvement is focused on those things that improve the quality of client care, such as minor changes that improve infection prevention. We also aim to provide a comfortable and uniform client experience. Improvement in clinic infrastructure has resulted in measurable improvements in client use and financial sustainability. During this year, and after successfully improving 305 facilities, SSFP will bring the remaining 14 clinics to standard. We anticipate to have this completed by the end of December 2010. Additionally, with SSFP support and guidance, NGOs will continue outsourcing services needed to maintain improved facilities at its optimum level.

c) Quarterly performance review meetings

SSFP will continue organizing quarterly performance review meetings with project directors, FAM and MIS officers (or responsible persons for MIS activities of some NGOs), to continue strengthening the capacity of NGOs in using data for project management, performance improvement and decision making. For SSFP this is a team activity that involves staff from different program areas (M&E, FOT, FDT and the Grants team). They will work jointly with NGO staff to revise and adjust clinic and NGO business plans, based on actual performance data. During these meetings, participants will analyze service statistics, the implementation of operational and management systems, clinic maintenance, compliance with the grant agreement, and the implementation of the SSFP branding strategy. Immediately after every quarterly performance monitoring meeting, NGOs will have a similar type meeting with their clinic managers to revise and adjust clinic action plans. SSFP focal persons from FOT will participate in the performance monitoring meetings organized by the NGOs.

d) Update existing agreements with pharmaceutical companies

In 2009, SSFP signed an MOU with eight of the largest pharmaceutical companies in Bangladesh; these MOUs ensured that NGOs would be able to procure drugs and medicines at heavily discounted prices. At that time, SSFP increased the discount received from 16% to 23%, something that greatly benefited all NGOs by improving revolving drug funds profit and by reducing variable costs (cost per unit of service). In the last year of the project, to solidify the relationships with these pharmaceutical companies, SSFP will renew, expand, and re-negotiate the existing MOUs. We anticipate bringing two more companies to the supplier's roster to increase procurement options

for partnering NGOs and to maintain the low prices policy for which SSFP is well known. We will also try to increase discounts received in key products.

e) Develop an staff retention strategy for NGO service providers

SSFP, like other private sector providers, and NGO healthcare providers in Bangladesh are not immune to a usually high turnover of service providers. While general conditions for practitioners, such as the regular compensation and benefits packages have improved in the previous three years of SSFP operations, the recent surge in GoB search for healthcare providers has placed an additional burden on the SSFP network to retain staff. Many service providers—doctors and paramedics--consider work at the Government more attractive than in the private or NGO sector because of the long term compensation benefits such as retirement pension benefits.

To respond to this challenge, SSFP, with the support of partner NGOs will develop a retention plan for service providers. In addition to basic compensation, this plan will include, performance-based incentives, a training plan and career path within the network, demonstrating that a service provider can start her or his career in a rural clinic and eventually achieve central level positions. This activity will be led by the business planning and market research specialists, and will be created in close coordination with participating NGOs. We anticipate that this plan will be completed by December 2010.

f) Rationalization report

SSFP has been implementing activities intended to increase network efficiency by rationalizing services, staff and other resources. This year SSFP will continue implementing some lessons learned such as sharing lab services or equipment (i.e. ambulances) between clinics belonging to different NGOs, sharing qualified personnel, such as monitoring officers and rational and planned redistribution of clinics when NGOs are terminated. SSFP will continuously report using regular channels (such as weekly briefs) about progress in this area and will produce a final report In July 20110.

Capacity Building. Knowledge sharing is a critical function to develop new and maintain existing professional capabilities. For that reason, SSFP will continue to provide training as one of many ways to improve long-term sustainability. Management research has found that capacity building is a necessary condition for effective staff motivation, and to establish long-term relationships between management and staff. In this regard, SSFP will continue strengthening this area in the fourth and last year of the project, preparing the network for higher levels of operational and financial sustainability.

a) Update “Finance and Accounting Manual”

During the second year of the project, SSFP strengthened its Training of Trainers (TOT) activities in different areas--finance, procurement, and logistics management. Since this is a key activity, SSFP conducted an evaluation of its TOT approach, which resulted in improving training activities and tools, such as the “Finance and Accounting Manual.” This critical manual, thoroughly used in general clinic management, will be updated and

distributed throughout the network. The managing director will take the lead and this manual will be completed by December 2010.

b) Orient NGO staff on updating “Finance and Accounting Manual”

Ensuring consistent utilization of available resources is essential for program success. With that in mind, SSFP will continuously orient NGO and clinic staff on the use of the updated Finance & Accounting Manual. This updating will be facilitated by SSFP team during monitoring visit to NGO headquarters and some smiling sun clinics and, will be directed to project directors, finance and administration managers, and selected clinic managers and respective assistants. Future trainings will be cascaded down by the core group trained during these sessions. NGO staff that requires orientation will receive it by the end of March 2011.

c) Organize Training on MH, CH, FP, TB, Other Reproductive health , STI/RTI, Counseling

it is essential for SSFP to sustain, and where required expand, its capacity to deliver quality healthcare services. To ensure this end, SSFP has planned to continue with the training program that established at the project’s onset, emphasizing the network’s integrated clinical services. Therefore, during the fourth year, SSFP will continue to organize and outsource training for existing and new personnel in different areas, including maternal health, child health, other reproductive health, family planning, counseling, infection prevention, STI/ RTI and TB management. Clinical trainings will equip the clinic staff with the required knowledge and skills to perform their responsibilities and ensure compliance with SSFP standards. Unless directed otherwise, SSFP will continue to administer trainings until very end of the project. The thinking here is when SSFP inherited NGO Service Delivery Project (NSDP), NSDP had stopped training for the last 12 months prior to the end of their project. This had a negative effect on the network, one that took SSFP a long time from which to recover. Thus, in the interest of the network we will push our training agenda until the very end of SSFP. A table of summarizing clinical training for service providers is available in *Annex B*.

d) Continue refresher training on EmOC

During the previous year SSFP established 18 new EmOC centers. To make them fully functional and compliant with the quality standards set by the program and the GoB, SSFP is planning a series of regional workshops to ensure that all service providers in these upgraded facilities are capable of providing quality services and are fully conversant in filling out and following partographs. This will ensure effective AMTSL and to carry immediate manage of neonates, and perform, when needed, cardio pulmonary resuscitation. All refresher training on EmOC and CPR will be completed by June 2011.

e) Organize clinical workshop on infection prevention for medical officers and laboratory technicians

Through the continuous evaluation and monitoring of the quality of care delivered in SSFP clinics, SSFP has found that reinforcement is needed in the area of infection prevention, particularly for medical officers and laboratory technicians. During this year, SSFP is organizing a series of regional workshops to improve service provider capacity in this critical area. This initiative organized and conducted by SSFP's health training, health field support, and monitoring specialists will train approximately 180 medical officers and 175 laboratory technicians by June 2011. To make it cost effective and the less disruptive, this activity will be implemented through regional meetings and will be developed by monitoring officers and SSFP technical staff jointly.

f) LAPM resource pool

In collaboration with Mayer Hashi, a USAID project implemented by EngenderHealth, SSFP has started developing a pool of trainers for LAPM. Mayer Hashi will provide TOT training for a group of master trainers who are SSFP providers. The training will focus on IUD and voluntary surgical contraception (NSV, Tubectomy). Once trained, these master trainers will subsequently train SSFP service providers and may extend the training to other NGO providers, private practitioners, and the GOB. GOB may use the SSFP capacity (providers, facility) to train others. These training resources will be part of the district GOB training pool. Tentatively 25 service providers (paramedics and doctors) will form the resource pool. Activities and discussions are underway for subsequent certification of the trainees trained by master trainers and approval of selected SSFP clinics as training sites.

g) Training on promotion and counseling on LAPM in Chittagong and Barisal division

SSFP has been implementing activities to improve LAPM services in the three low-performing divisions of Sylhet, Chittagong and Barisal by strengthening its reach into the community and developing providers' capacity. Banking on the initial lessons learned in Sylhet, SSFP will continue training clinic managers, paramedics, service providers and counselors in Chittagong and Barisal in LAPM counseling and promotion. The training program seeks to develop strong counseling abilities, dispel myths and misconceptions, orient staff on work place and community involvement, and orient counselors to motivate women and encourage male involvement.

Documentation. Social franchising is in its early stages. It has a unique double bottom line approach, and the largest documented non-fractional social franchise. As a result, it attracts attention from the academia as well as from program implementers from all over the world. For a groundbreaking project like SSFP, lessons learned can potentially have local and international impact; therefore, it is important to document significant experiences to share with the local community and the international development community at large. This way, project gains are maintained in the long run and positive experiences are learned and implemented in other latitudes.

a) Retreat for documentation and close-out plan

SSFP's documentation process has to be carefully planned and developed so lessons learned are properly captured. The process will start with a retreat, in which program staff will strengthen their understanding of program impact, and will develop a plan to identify potential lessons learned, and gather and process relevant information.

Operations research. The SSFP model was conceived to create long lasting conditions for program and financial sustainability for a large network of health facilities run by local NGOs. A key stipulation was that the network should provide a significant portion of services to the poor, who pay a nominal price or, as it is practically the norm, do not pay at all. The main strategic objective was to convert the network of clinics into a franchised network and to develop the structure that would help to maintain such a network. Three main areas were addressed in this effort; one was to develop a strong brand of health services; the second was to create a culture that would allow continuous quality improvement, and the third was to develop and implement business processes and tools that would support different layers of network management to make focused decisions and manage clinics efficiently. Interventions in these areas were targeted, but had strategic implications; therefore, learning from them more in depth will help project managers in Bangladesh and implementers all over the globe to consider elements, or the totality of the model, to continue addressing pressing health needs in Bangladesh or in other parts of the world.

a) SSFP image; then and now

A significant amount of effort and investment went into creating a new and consistent brand image and identity for SSFP clinics. This identity was the centerpiece of our promotion effects when doing community promotion. The SSFP brand experience transcended the usual communication campaigns; we hoped create a meaningful relationship with clients that included a higher perception of quality of care, client-centeredness, accessibility and affordability. For future investment, it is important to know if the perception the Smiling Sun brand has among those it serves, is consistent with the objectives set for it, and has that perception changed since the beginning of the project. As such, we are planning to research this area interviewing clinic staff, service providers and clinic clients. This research will commence in March 2011 and end in August 2011.

b) Effectiveness of the quality circles

From the inception, SSFP fostered a culture of quality of care in which all those involved felt empowered to improve quality of services in their clinic. Because of the size of the network it is essential that staff to participate in the quality improvement process and be able to solve quality issues where they actually occur without having to wait for instructions or directions from the NGO headquarters or from central-level project staff. As a result, SSFP worked on developing an approach that included database re-design, strengthening the monitoring officer function, establishing the clinical quality council, and developing quality circles at the clinic level. The research we intend to carry-out will

evaluate how effectively clinic circles have helped to improve quality conditions in the clinics. This research will be completed by February 2011.

c) Usefulness of business planning as a management tool

Understanding healthcare from a social business perspective requires that service providers and managers realign their thinking away from an orientation where resources are allocated, and not necessarily obtained from the market towards an approach where recognizing the market they operate in, define a structure adequate to address market needs and forecast financial results. SSFP provided tools and a strategy to change the way people think about health service delivery and the way clinics were run. The first change was to define each SSFP clinic as the strategic unit of planning; as opposed to the aggregate planning individual NGOs. Responding to this approach, SSFP developed a planning process and adapted a tool, which is used for business planning of healthcare facilities. This business planning tool has been regularly revamped and improved. Today SSFP has a web-based tool that is widely used by NGO and clinic staff. Since this is an important element in the project, it is important to understand the contribution of this tool to the overall management process. This research will begin in February and be completed by June 2011.

Declining Grants – Investment. The principle of declining grants in SSFP was, and has been, closely associated with the idea of network’s financial sustainability. Since project inception and using business plans as resource management tools, NGOs were guided to utilize increasingly larger amounts of program income to defray operational expenses. This is possible thanks to the absolute and relative increase in revenues originated from service delivery fees and third party payers. During the fourth year of the project, SSFP will continue developing and implementing activities related to this essential concept of capacity building and sustainability.

Program Income Plan Revision. The Smiling Sun Franchise Program (SSFP) used the build, operate, transfer (BOT) approach where the skills and functions and foundations of a franchise management organization would grow out of the project office. Central to this, is developing a strategy for increasingly higher levels of operational and financial sustainability. Cost recovery earned will be used to offset NGO grants support, which fits into a larger strategy of decreasing grants support to NGOs as revenue from various sources increases.

As part of the SSFP “double-bottom line” approach, cost recovery targets were to be achieved in the face of a requirement of maintaining access to the poor, with the ultimate target being 30% of the total number of people served.

In year 4, SSFP will consolidate operational and financial advances, strengthen service delivery capacity, quality improvement efforts and solidify ties developed with communities and clients. If all of these are done well, it will result in an increased number of satisfied and loyal clients willing to pay for good quality and affordable

services, which will create additional access for the poor as well as increase network revenues.

a) Expected program income generation

As was the case in previous years, program income –revenues generated by service fees and third party payers, will be progressively more utilized to defray operational expenses until, towards the end of year 4, all NGO and clinic expenditures are covered. Income can be increased through additional service output –more clients, more service per client-, higher price for services and by changing the service mix to include those services that meet a need of the target population and offer a greater profit margin. Based on this approach to financial sustainability, SSFP has increased program income from client fees from around \$1.8 million at the start of the project to a projected \$ 4.2 million at the end of the third year; a 32.6% increase. During the last year of the project, SSFP will further refine its strategy seeking to increase the number of people that use SSFP services, continue implementing its realistic pricing strategy, and further strengthening ties with third party payers. This information can be better appreciated in the table below:

	Year 1	Dif % Y2-Y1	Year 2	Dif % Y3-Y2	Year 3 (Estimated)	Projected Dif % Y4-Y3	Year 4 (Projected)
Program income from customer fees	\$2,368,884*	13%	\$2,665,359	29%	\$3,445,697	39%	\$4,700,000
Proportion of PI from customer fees	98%		86%		81%		85.5%
Program income from third party payers	\$43,913	888%	\$433,896	84%	\$797,301	0%	\$799,000
Proportion of PI from third party payers	2%		14%		19%		14.5%
Total program income	\$2,412,796	28%	\$3,099,254	37%	\$4,242,998	32%	\$5,500,000

*First year revenues were already approximately 30% higher than those registered in the last year of the previous project

At the end of the third year, SSFP will have generated close to \$10 million in program income. By following the program income utilization plan, it is estimated that by the end of year 3, SSFP will have \$ 3.1 million from program income.

In year 4, we anticipate an increase in program income. SSFP’s latest investments in expanding the number of Ultra clinics (a number of basic EmOCs upgraded to comprehensive) from 32 to 47, and adding four additional clinics will help improve service mix, increase client load (this year 20% higher than the previous year) and increase revenue. It is important to mention that SSFP is not planning to increase prices during the last year. In summary, for year 4 year we anticipate generating approximately \$ 8.6 million from program income. It has to be noted that generation of this revenues are subject to market contingencies upon which SSFP does not have control. We will use these resources to defray program expenses.

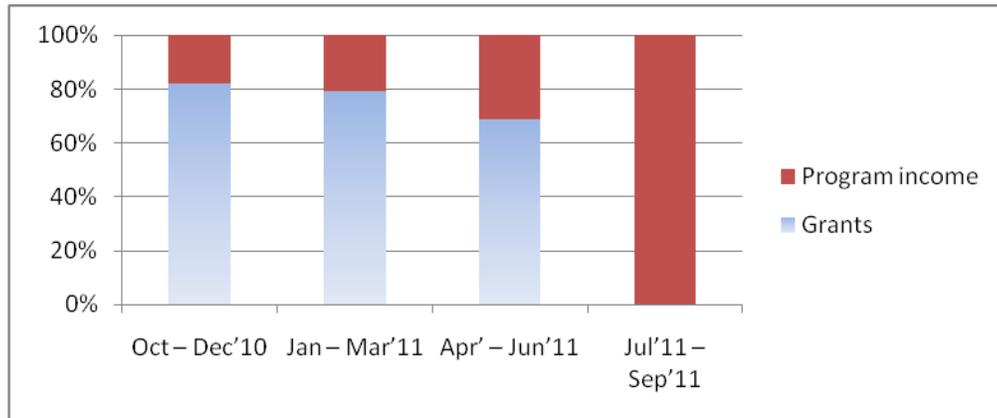
b) Proposed use

In year 4, SSFP proposes that the use of program income will increase as the year progresses to the point where by the last quarter of year 4 NGO clinics will operate solely on project income. This approach is consistent with the approach of increasing operational and financial sustainability, while reducing reliance on grant resources. The table below shows how resources from grants and program income will be allocated throughout the year.

	Oct – Dec'10	Jan – Mar'11	Apr' – Jun'11	Jul'11 – Sep'11	Total
Grants	\$2,487,825	\$2,198,688	\$1,880,711	\$ 0	\$ 6,567,224
Program income	\$547,470	\$584,395	\$845,928	\$3,025,353	\$ 5,003,147
Total	\$3,035,295	\$2,783,083	\$2,726,639	\$3,025,353*	\$ 11,570,371

*Includes bonus payment

As the table indicates, the first nine months of year 4, NGOs will use mostly grants to partially cover expenses, while the rest will be increasingly covered by program income (approximately 19.3% of all expenses incurred). Additionally, some \$10, 000 might be used for cross subsidization to create access for the poor. The graph below illustrates how grants decrease and program income utilization increases until it covers all operational expenses.



At the end of the year 4, SSFP will have approximately \$ 3.6 million of program income resources available to be used after the original contract period of SSFP.

Grants Monitoring and Internal and External Audits. SSFP judiciously exerts its fiduciary responsibility in managing grants. For the final year of the project, SSFP will continue implementing the activities and procedures utilized during the previous years to ensure that resources are correctly used by partnering NGOs. In doing so, SSFP will continue with its in-house auditing and revision of program expenses and will plan, direct, and coordinate external audits of NGO headquarters and specific clinics.

a) Review and management of 28 NGO grants

The contracts and grants team will continue to review grants performance, and provide feedback and guidance when and where it is needed. This activity is performed continuously and provides detailed information about every SSFP clinic and partnering NGO. In addition to the regular feedback offered by the contracts and grants team through direct communications, NGOs will receive feedback on grants utilization during the quarterly performance review meetings mentioned above.

a) Orientation on 4th round of grants

An integral part of the process of releasing grants is providing guidance and orientation about how to use the financial resources within the context of the project. While principles for grant utilization have remained the same throughout the project, particular issues such as how to utilize program income and how to manage resources from sources different to USG are part of a continuous training. The contracts and grants team will orient NGOs to the particular elements and changes included in the final round of grants and its relationship with business plans developed for the last year of the program. This will occur in the first month of year 4, which is October 2010.

b) Follow-up and Monitoring visit

During the fourth year, the contracts and grants team will continue clinic monitoring visits to review grants management, internal control systems and provide recommendations for improving NGO documentation, budgetary controls and fund management, procurement procedures, local law compliance, and accounting records. These monitoring visits will take place the last two months of each quarter.

c) Internal and External audit for NGO's

The contracts and grants team will continue organizing and coordinating external audits, as one of the key mechanisms to ensure that financial controls are adequately used, and those funds are properly utilized. In addition, audits will help to verify compliance with rules and regulations and ensure transparency throughout the network. External audits are conducted by local audit firms.

Computerized Management System. SSFP will continue implementing a computerized management system that was piloted in year 3. The system will be upgraded and improved, integrating at a larger scale existing financial system, reporting, daily transaction details, revenue generation, and service statistics. (See program output 3 below)

a) Upgrading and integration of existing systems

Currently SSFP has piloted the integration of two existing systems that are running in parallel; these are financial (revenues) information and service statistics. The integration of these two systems will reduce margins of error and will create the opportunity for smoother information management and utilization throughout the network. This entire

process will be completed by December 2010, and will be completed by SSFP's monitoring and evaluation officer.

b) Orientation to NGO's on upgrading and integration of system

The orientation to NGOs on the integration of existing systems will take place in Dhaka early in January. This orientation will be organized in two sessions and will be conducted by both the contracts and grants team and the monitoring and evaluation team. In this session, project directors, FAMs and NGO MIS officers will be trained on system changes and financial management systems; they in turn, from January to March, will train clinic staff in short batches assisted by focal persons from the franchise operations team and the contracts and grants team.

Close-out Grants. Apart from administratively closing the NGO grants, which Chemonics is contractually required to do; the main emphasis will be to build the capacity of NGOs to ensure that the requisite steps for closing a grant program are institutionalized.

a) Sharing on close-out with NGO

SSFP will organize a meeting for all NGOs in which the contracts and grants team will share close out processes and other requirements. During this meeting, NGOs will be informed about the close-out preparatory activities including financial and administration activities (assets disposition, utilization of program income and closing bank accounts). NGOs will also be provided guidance on contributing to the financial and technical final reports. This meeting will take place in April 2011.

b) Close-out meeting with NGOs (technical)

SSFP will organize a final close-out meeting to share the final technical report with NGOs including project achievements and legacies. Please see the PO1 section for more information.

c) Final close-out

By end of July 2010, SSFP will close out all the grant agreements. The contracts and grants team will review final financial reports, bank reconciliations, and will confirm refunded closing balances. In addition, SSFP will ensure that all other activities related to close out (i.e. VAT management, asset disposition as needed, etc.) are performed in accordance with the approved grants manual.

d) Transition from grant funding to program income support for NGO service delivery

SSFP will elaborate a detailed action plan and provide instructions to the NGOs on how to prepare for the transition to a new program. SSFP will also coordinate different

activities associated with this transfer, including confirming the availability of program income funds. This will ensure a smooth and flawless transition. This activity will start in July 2011.

Service Provision to the target population including poor. Ensuring good quality services for the poor has been a key organizing principle for the SSFP model and present in every intervention of the program. SSFP has learned and is continuing to learn, a great deal about effective interventions to increase the percentage of poor service contacts as services supply expand and as sustainability increases. SSFP's common practice is to disseminate knowledge about practices and facts derived from serving the poor in a double bottom line context. As part of the final year of the program, SSFP is planning to continue disseminating relevant information regarding services to the poor. These activities seek to strengthen the knowledge acquired and make it part of the culture of the network.

a) Compile and finalize resource mobilization guidelines for serving the poor

SSFP has conducted a financial analysis that resulted in a series of guidelines on providing services to the poor for clinics and NGOs. Within this context, finalizing and disseminating the terms for local resource mobilization can significantly contribute to maintaining and extending the foundation created by SSFP. By identifying and using the full range of local resources, both monetary and non-monetary, SSFP can build long-lasting partnerships at the local level involving individuals in the community. Guidelines will be finalized and distributed by January 2011.

b) Regional workshop on resource mobilization for the poor

As part of the effort of creating conditions for ensuring sustainability beyond the life of the project, SSFP intends to strengthen the capacity of partner NGOs to identify the role of local resources in strengthening health services. It will help health managers at the local level to identify types of local resources that may be available to them, decide on strategies for mobilizing these resources, and assess the value of such resources. Mapping can help NGOs consider alternate and efficient resources for sustainable health services and provide subsidized and free service to the poor. These workshops will take place during January 2011.

c) Follow-up of finalized Least Advantaged (LA) lists at clinic level

SSFP will develop local resource mobilization guideline and orient NGOs through a workshop including practice on community mapping (described above). This activity will also help NGOs to update their poor population list in their particular clinic area.

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. As was the case in year 3, in year 4, SSFP clinics will continue providing all services included in the Essential Service Delivery Package (ESD). We will also expand client base by increasing capacity of the service providers to meet the emerging health needs of the population. This fits into a wider aim of ensuring that all SSFP clinics are functioning at the highest capacity possible. To attain this, SSFP will continue cooperating with USAID partners to scale up successful interventions, and to develop stronger linkages with the communities served. Maintenance and improvement of quality of care will be a cornerstone of our year 4 efforts under this outcome to ensure that satisfied customers bring new customers SSFP clinics; simultaneously, SSFP will maintain its support to partnering NGOs to continue serving the poor.

Expansion of service volume

During year 4, SSFP will continue to strengthen service delivery, and generating demand to increase revenues permitting the network to cross-subsidize the cost of services ensuring services to the poor. Increasing client traffic in clinics and making more high quality services available to them is critical as satisfied clients are the best means to increase demand generation for SSFP.

Taskforces. One of the most useful practices SSFP has used is multidisciplinary task forces that focus on a single health subject or issues in the context of integrated health services. Taskforces plan, organize, coordinate and help direct activities intended to improve clinic performance in a given health area, capitalizing on synergies and knowledge residing in each of the SSFP program teams. Because of the results achieved thus far, taskforce activities will be further strengthened in year 4.

- a) Continue 5 health topic task forces (MH, CH, FP, TB, Lab service)

The Maternal health task force will facilitate communication between the SSFP taskforce and NGO project directors and clinic managers. The taskforce will review CSPs' performances in pregnancy testing, safe delivery kits, and other new product sales. A key area of emphasis is network performance in ANC and PNC visits at both static and satellite clinics levels. The task force will also ensure that the PNC visit schedule required by GoB is appropriately communicated to all service providers. The taskforce will take a lead role in observing special dates such as safe motherhood and women's day by leading clinic and service promotional activities. Innovative maternal health performance-based incentive packages will also continue this year to increase client flow as well as service provider motivation.

The child health task force, will focus on reducing the incidence and prevalence of low birth weight deliveries, malnourished children, and neonatal death due to asphyxia.

SSFP understands the correlation of birth weight to neonatal and infant death. To respond to this, the child health task force will support the inculcation of routinely checking neonatal weight at the time of birth and in subsequent postnatal visits. Along with this, this task force will train providers to address the issue of malnutrition in young children through health education sessions conducted at static and satellite clinic levels. These activities are a continuation of year 3 growth monitoring activities.

Birth asphyxia is one of the leading killers of neonates in Bangladesh. The Helping Babies Breathe (HBB) program addresses this challenge which directly responds to Millennium Development Goal number four. SSFP will orient all paramedics attached to emergency obstetrics care (EmOC) clinics on the practices of neonatal resuscitation. The taskforce will take the lead in coordinating with GoB, and other stakeholders to deliver orientation sessions. This will occur in November 2010 and we will reach 200 paramedics.

The HBB initiative is in line with GoB's focus on reducing neonatal mortality. As in year 3, SSFP will continue working to assist CSP's to increase their capacity to identify newborn danger signs and initiate referrals. Monitoring officers were trained in essential newborn care in year 2. They in turn trained a group of clinic-based trainers including paramedics, service promoters and clinic managers who are in turn tasked to train CSPs. Training materials such as flipcharts and the CSPs manual on emergency neonatal care (ENC) will be printed and distributed to the CSPs to facilitate the training sessions. In this year we anticipate training approximately 6,200 CSPs in essential newborn care.

The child health task force will also liaise with IMCI section of DGHS. SSFP's IMCI activities will be included in the Joint GoB and Development Partners Annual Work Plan for the year 2011. SSFP will collaborate and coordinate with other development partners in carrying out its child health activities. The taskforce will take a lead role in observing national days on child health issues, and international day on hand washing. At least one meeting of National Working Team (NWT) of IMCI will be hosted by SSFP.

The family planning task force's main focus in this final year will be on LAPM services--more specifically the IUD. Based on service statistics, the task force will formulate specific interventions in low performing areas to increase the use of this method. SSFP will continue working closely with DGFP and EngenderHealth (EH) to enhance IUD service delivery in SSFP clinics. Building on this relationship, the taskforce will ensure the skills of the voluntary surgical contraception (VSC) and IUD trainers working in the TOT program of SSFP. The taskforce will plan, design and implement a communication campaign to promote modern contraception, particularly LAPM, to create demand for modern methods use and to reduce discontinuation. The taskforce will continue working closely with DGFP to continue arranging vasectomy and female sterilization sites in SSFP clinics. Finally, through this taskforce, SSFP will continue strengthening its ties with SMC's Blue Star network to ensure effective client referrals of potential LAPM accepters particularly for IUD. With support from the family planning task force, we hope that the Blue Star network will facilitate 250 IUD referrals in year 4.

Through the TB task force, with support from GFATM, , SSFP will continue collaborating with the National Tuberculosis Program (NTP) by enhancing the service delivery capacity of SSFP NGOs. This taskforce is ultimately responsible for ensuring the quality of care in SSFP's TB services. To achieve this, the TB task force will regularly analyze data and plan to reinforce or correct TB service delivery practices in SSFP clinics. The task force will periodically hold joint meetings with GFATM, NTP and SSFP partner NGOs to review the program activities, update partners, and to set strategic directions in order to achieve goals and objectives. During year 4, the 56 SSFP clinics participating in DOTS services will serve over 6,000 clients.

The diagnostic task force will support the use of lab services as an element of quality of care; this is in line with SSFP's service delivery model of diagnosis, treatment/management and prevention. This task force will help clinics address missed opportunities, resulting in better quality of care and customers' satisfaction and loyalty. Through analyzing data, monitoring visits and holding regular meetings, this task force will be responsible for maintaining the quality in lab services, ensuring client, and service providers' safety.

Service expansion in strategic health areas. In year 4, SSFP will continue expanding access for the ESD package health components focusing on family planning/reproductive health, maternal and child health and diagnostic services. In year 3, SSFP upgraded 17 Vital clinics to Ultra clinics. Most of this work occurred in the second half of year 3, meaning the SSFP network will realize the benefits of those efforts in year 4. SSFP believes an uptake in safe motherhood, LAPM and related diagnostic services will be seen in year 4. . It is expected that in the fourth year over, 25,000 safe deliveries will be conducted in the network and that more than 1.25 million ANC consultations will be offered. The task at hand for year 4 for SSFP will be to continue promoting health services in the communities and to increase client traffic and utilization of these services. By the end of year 4 we anticipate approximately 38 million total service contacts in the SSFP network.

- a) Mainstream nutritional interventions into ongoing PHC in cooperation with USAID Food Security Initiative

GHI calls for mainstreaming nutritional interventions into primary health care services. SSFP is an ideal platform to help this concept to take place; as a result, SSFP will compile nutrition components of various interventions currently practiced in the network, and will develop a short course which will be disseminated among service providers through cascade trainings. This activity will take place between October and December 2010.

- b) Promotional activities (IEC materials development) to increase LAPM services (NSV, Tubectomy, IUD, Implant)

According to the BDHS 2007, 61%¹ of married women of reproductive age who expressed need for contraception do not want to have any more children. Additionally, since project inception SSFP has been working to improve method availability to properly address women's needs in an environment of informed choice and consent. LAMP supply continues to lag behind demand; while there have been improvements over the last two years, SSFP clinics need additional promotional support to advance this further as an important component of the SSFP service package. SSFP has designed a number of promotional materials that will help to better inform SSFP clients about their contraceptive options and LAMP availability. We anticipate providing over 2,500 permanent contraceptive procedures—both male and female in year 4.

- c) Regional training on “Helping Baby Breathe” for paramedics (home delivery and EmOC clinics)

As stated above, birth related asphyxia is still an important cause for neonatal death. As part of the program to elevate SSFP clinics to the level of quality and ability to respond to client's health needs, SSFP will develop five regional trainings for 200 paramedics. This activity will start in November 2010 and will be completed by January 2011.

- d) ENC materials printing for CSPs

SSFP's community service providers are in a critical position to help mothers' access services for newborn babies. SSFP will re-print a manual and related flipchart to be distributed among CSPs. These materials have been already developed, tested and produced. SSFP will reproduce and distribute 6,200 copies during year 4.

- e) Continue orientation of CSPs on ENC

During year 4, SSFP will continue developing CSPs capacity to serve their communities. SSFP has already trained all monitoring officers and, in a cascading training, monitoring officers trained a paramedic and a service promoter from every clinic; who helped to train the rest of the service providers and promoters in all clinics. The next logical cadre for training is community service providers. SSFP will train all CSPs in a series of one day training sessions that will take place throughout the network between December 2010 and January 2011. We anticipate training 6,200 CSPs in year 4.

- d) Water and sanitation activities

SSFP will continue to implement several water and sanitation activities throughout year 4 including implementing internal safe water and hand washing campaigns to raise awareness about the importance of hand washing as a simple and effective method to prevent diseases and to potentially reduce the incidence of diarrhea. Campaigns will be implemented through health groups and will run for two days. Specific activities include a hand washing demonstration, meetings with members from the community and community leaders, distributing information kits and leaflets, and displaying a banner in front of every clinic to establish the

¹ 10.5% out of 17.1% MWRA are defined as unmet need for limiting births.

campaign. Finally, SSFP clinics and pharmacies will continue to disperse water purification tablets.

Continue collaboration with other USAID implementing partners. SSFP will continue strengthening its collaboration with other USAID implementing partners through improving, scaling up, and solidifying current interventions.

- a) Continue scale-up of “lessons learned” in other USAID funded programs across the SSFP network

SSFP will continue working with *SMC* to enhance SSFP CSPs ability to provide safe delivery kits and Monimix—a nutritional supplement. Additionally, SSFP will continue training SMC’s blue star providers to ensure LAPM referrals to SSFP clinics. SSFP will continue utilize SMC’s unique market position and resources to supply contraceptives to SSFP outlets when regular SSFP sources are out of stock.

SSFP will continue collaborating with *FHI* in providing health services to female sex workers. SSFP will do this in year 4 by expanding service reach to include male sex workers, MSMs, and IDUs in 40 clinic sites across the country. This collaboration is also being utilized to reduce stigma among SSFP service providers, helping them to develop positive and non-judgmental attitudes when serving clients with special needs.

SSFP will continue collaborating with the MaMoni project’s paid staff Community Health Workers to refer LAPM, ANC, PNC customers and customers for other services including child health, limited curative care to Smiling Sun Static and Satellite clinics. MaMoni’s Community Action Group will refer pregnant women to Smiling Sun Static clinics and Satellite clinics. Moreover, they can arrange special satellite sessions for those who are reluctant or unable to visit Satellite clinics. These community action groups can pay for the services received by the poor women unable to pay as they usually generate emergence fund to serve poor women and children. Finally, smiling sun clinics will participate in the permanent method camps jointly organized by MaMoni and family planning department at the local level.

- b) Finalize integration of community health volunteers from Save the Children in the SSFP network in Barisal

In year 3, SSFP and *Save the Children-USA* signed an MOU. In this agreement, SSFP assists Community Health Volunteers who were previously established under a Save the Children project; these volunteers have now been integrated into the SSFP clinical network in Barisal division. SSFP and Save the Children-USA will develop a strategy to effectively utilize these volunteer’s skills in counseling, motivating potential customers for LAPM, and referrals to SSFP clinics. Volunteers will liaise with Surjer Hasi Health Groups for establishing effective community linkages in the Barisal division.

- c) Continue coordination with the Leaders of Influence (LOI) program

The Leaders of Influence is a USAID-funded program, managed by The *Asia Foundation*. For the past three years, SSFP has enjoyed a solid partnership with this program; during the fourth year, SSFP will continue strengthening this partnership by strengthening the referral tools used by Imams by providing them with promotional materials and referral slips to encourage communities to use SSFP clinics.

Expansion of client base

Service expansion in Chittagong Hill Tracts (CHT). The Chittagong Hill Tracts region is politically, ethnically and epidemiologically different from the rest of the country. Responding to a GoB request, at the end of year 3, SSFP opened a clinic in each of the three CHT districts: Khagrachori, Bunderban and Rangamati. The three clinics have been complemented with more than one hundred satellite sites in total.

a) Inclusion of bEmOC in 1 CHT clinic

Attending to the particular needs of the population in this area SSFP is opening a basic emergency obstetric care (bEMoC) unit in Khagrachori. Population size and pressing health needs make this a good social investment in the area. SSFP will continue promoting safe motherhood practices and access to quality services in Khagrachori. We anticipate that these clinics will have approximately 12,500 total service contacts in year 4 in these facilities.

b) Inclusion of home delivery in all CHT clinics

Responding to a request from local authorities, SSFP has agreed to make high quality home deliveries available in the three static clinics in the CHT. This is being implemented and activities regarding this service will continue into the fourth year of the project.

c) Conduct need-based service promotion

Throughout the country, SSFP is continuously developing community based interventions to promote clinics and services in identified areas of influence. Following this strategic direction, during the year 4 of the project SSFP will implement IPC activities and Surjer Hashi Health Groups in the three clinics located in CHT. These activities will start in October 2010.

Campaign. SSFP's communication efforts have attempted to transform SSFP into a known brand of quality health services. In previous years, SSFP has invested in branded health topic driven IPC skills and supporting materials; things like BTL materials to be placed close to the clinics, clinic directional signs, targeted referrals programs, and clinic based promotional events. In the last year of the program, SSFP will continue investing in these effective interventions as programmatic results have demonstrated.

- a) Strengthening Smiling Sun brand by mass media support to demand generation

After three years of building brand equity for SSFP at the local level, we are now ready to take the next step in further strengthening brand value. Building up to this, in previous project years, SSFP produced promotional video materials that were played back in the clinics in order to promote specific health services among the clinic's captive audiences; SSFP will continue this approach in the final year. In addition, in year 4 we will attempt to expand this by approaching national TV channels such as *channel i* and *ATN* looking for free airing of promotional materials. This approach would be a cost effective strategy to increase SSFP's visibility while promoting its services to a larger national target audience. This activity will start in December 2010, and has no budget implications.

- b) Local level campaign to promote FP and LAPM

SSFP will continue to improve access to an array family planning methods and services by enhancing its capacity to provide LAPM, particularly the IUD. SSFP will closely work with EH's Mayer Hashi (USAID funded) so communication materials and techniques developed by this project will be reproduced and utilized by SSFP clinic staff. Additionally, SSFP will roll-out materials that were previously developed and designed to compliment this activity. This campaign will start in November 2010.

- c) Local level campaigns to promote hand washing and reduction of diarrheal disease.

During year 3, SSFP engaged in a public private partnership with Reckitt Benckiser Bangladesh to promote hand washing. Through this partnership, SSFP intends to continue promoting hand washing and safe water as a means to reduce the incidence of diarrheal disease. This campaign will last for two months and will start during the global hand washing day in October 2010. Launching will be done through a series of events jointly organized by Reckitt Benckiser Bangladesh and SSFP.

Demand Generation. Increasing the demand for services is critical to maintaining and improving program and financial sustainability. During the final year, SSFP will continue with the following demand generation activities that have proven to be successful in previous project years.

- a) Continue Surjer Hashi health groups

SSFP will continue establishing Surjer Hashi health groups in all clinics as a way to better interact with clients, cultivate loyalty and create an environment that supports health behavior change and use of health services. These groups have been the cornerstone for community level interventions. Satisfied clients will continue taking an increasingly prominent role in promoting SSFP services. These individuals, where available, and CSPs will help to increase the reputation of SSFP clinics as a source of

quality and affordable health services. Surjer Hashi health groups are expected to increase client visits, and encourage people to get more services from SSFP clinics. Halfway through year 4, SSFP is projected to have close to 8,000 health groups established and linked to their communities. To achieve this, SSFP will complete the orientation for all clinic managers and selected service providers as well as train CSPs to foster support for the groups set around satellite sites in rural areas.

b) Co-branded service promotion with SMC

To strengthen referral linkages proposed within the context of the agreement between SMC and SSFP, these two organizations will explore co-branded campaigns around maternal health, child nutrition and health and increased use of modern contraceptives. SSFP will consult with USAID prior to implementing this co-branding.

c) Observance of National/International days linked with GoB and Service delivery

There are several national and international events and days observed in Bangladesh, that SSFP will participate in to create public awareness on specific health issues. SSFP clinics will coordinate with the GOB, local communities, and other organizations working to observe these days and organize events at the local level.

d) Continue interface with other implementing partners to increase clinic referrals (LOI)

SSFP will continue strengthening its collaboration with the Asia Foundation's LOI program to ensure that religious and opinion leaders refer clients to the Smiling Sun clinics; and that health messages are consistently and regularly transmitted to their constituencies.

e) Performance-based incentive strategies

At the end of year 2, SSFP implemented a performance based incentives program to promote safe motherhood and child health services. This strategy was very successful. Building off of this experience, SSFP is proposing to develop and implement another performance-based initiative in year 4. NGO and Clinic staff will earn incentives based on achievement the of proposed performance objectives in maternal and child health services. This will be done while continuing to ensure that the poorest of the poor are served and program income objectives are achieved. This program will start in January 2011.

Maintenance of Quality of Care

Since project inception, SSFP has invested in continuous quality improvement as a key ingredient to ensuring client satisfaction and to develop a key comparative advantage for the network. In year 4, SSFP will continue investing in quality improvement, building on

proven successful approaches such as the CQC and quality monitoring instruments such as the quality database.

a) Improvement of Quality of Care

SSFP will continue its efforts to improve and maintain quality of care across the SSFP network. The focus will be on developing leadership skills, inculcating a shared vision, and further developing the culture of quality among service providers to support a long-lasting change. Like in previous years, SSFP will continue monitoring the quality of care by coordinating and reviewing the travel plans and monthly performance reports of NGO monitoring officers, and providing feedback on a regular basis.

b) Monitor CLQC

Another area of focus will be on further improving consistency and effectiveness of the Clinic Level Quality Circle (CLQC) in all clinics. Central to this will be empowering clinic managers to exercise their leadership in this area, aligning all staff members along a common vision of SSFP helping to foster a culture of good quality of care among service providers. SSFP will continue encouraging the use of the PDSA tool to support clinic level problem solving. To encourage clinic managers, success stories will be published in weekly news brief and on SSFP's web page.

c) Continue quarterly clinical quality council meeting

SSFP will hold quarterly Clinical Quality Council (CQC) meetings. The CQC will continue to act as forum for improving tools and procedures of quality assessment as well as developing insights on best quality practices in other settings. Four meetings will take place during this year, one per quarter, starting in December 2010.

d) Continue to review and finalize daily/weekly/monthly checklist

All 320 clinics will be monitored by NGO monitoring officers twice a year. Round 6 and round 7 QMS will be conducted using the tools finalized in year 3. Monitoring officers will guide clinic staff to administer the quality self-assessment tool during QMS visits. Daily, weekly, and monthly quality checklists will be reviewed regularly during CQC meetings. Changes will be incorporated in the checklists. SSFP will continue to study the possibility of developing topical quality campaigns aimed at those clinic areas deemed as structurally and functionally weak.

e) Follow-up of various clinical trainings

To support continued knowledge and skill development, SSFP will follow up the trained clinical staff at their work place to ensure that training they received results in improved practice. Staff from SSFP's franchise operations team will follow up, through direct

observation and interviews, post training performance from randomly selected participants. This activity will be part of regular monitoring visits.

f) Joint follow-up of clinical trainings with training institute

Joint clinical training follow-up is another quality assurance intervention developed during the life of the project and considered useful and necessary. During the fourth year, SSFP will continue using prescribed and developed tools to assess clinic staff performance on the job. This activity will help the individual and the supervisor to identify existing knowledge and performance gaps. This activity will be jointly developed by the training institute and SSFP personnel. An ongoing activity, these trainings will continue until June 2010.

g) Regular website update on quality

QMS data will be uploaded and analyzed by the updated Access database. After the data is analyzed it will be shared with NGOs, and uploaded in SSFP webpage. SSFP will carry out routine QMS database validations and will share information and analysis on a quarterly base.

a) Conduct external quality audit of 33 clinics

From October 2010 to January 2011, SSFP will use external consultants to conduct external service quality audits. In the past, independent third party assessments of the quality of SSFP Clinics have been useful. Findings and recommendations from these audits will be discussed in the CQC, and incorporated in the regular monitoring activities. The quality audit will be done in randomly selected 33 clinics (ten percent). External consultants will visit and observe adherence to SSFP clinical guidelines, and operational standards using SSFP's quality monitoring tools, as they are used by monitoring officers when conducting QMS in the clinics. Apart from sharing observations, consultants will analyze general trends, provide solutions to problems and make recommendations for improving services of the respective clinics.

b) QMS data quality check

SSFP will perform regular clinic quality checks to ensure that data collected and processed by the clinic and forwarded by the NGO is accurate. SSFP's monitoring and evaluation team, in coordination with the Franchise Technical Support Team, will continue to analyze data and identify variations in service performance. Findings will be addressed by the franchise operations team members during clinic visits. Visits by SSFP staff will ensure that data issues are dealt with by those involved in collection and processing.

c) QMS guidelines printing

SSFP has developed Quality Monitoring Systems guidelines for clinic staff and NGO managers. These guidelines are available on SSFP's website. In order to make them available to all staff—an important aspect in ensuring effective CLQC- these guidelines will be printed in January and distributed to all clinics.

d) Clinical service delivery manual

SSFP developed a clinical service delivery manual to guide clinic staff to provide quality services. As with the service delivery manual, it is available via the SSFP website. However, to ensure that all those who need the manual physically have a copy, the manual will be printed for direct distribution to clinics.

e) Introduce mystery client method of assessing service quality into Smiling Sun clinics

To continue ensuring that continue quality improvement is being used routinely in the network, SSFP will conduct “mystery clients” studies in selected clinics to get an insight of the standards of care provided. This activity will be carried-out by a local firm or organization. The mystery client approach involves gathering both qualitative and quantitative data collection by a trained person posing as client. These individuals receive services from SSFP providers, while their condition as individuals involved in a research activity is not known by clinic personnel. We will conduct a mystery client survey in 50 clinics in year 4.

a. MIS Maintenance

a) Finalize integrated web-based MIS

As articulated in the performance outcome 2 narrative, the SSFP MIS team will work closely with the contracts and grants team to improve and scale up the integrated web-based MIS developed that has been tested and refined over the past two years. This task will take place during the first quarter of the final year. The MIS team is responsible for monitoring the rollout of this system, and ensuring that NGO staff are adequately trained.

b) Align QMS Database based on revised clinic observation tools and checklist

The quality assurance team has revised their process observation checklist this includes incorporating feedback from Clinic Managers. The MIS team is developing a database for storing this data and to generate required reports. In addition, as requested by the quality assurance team, the MIS team has been working on developing a complete database covering all modules/checklists administered currently at the clinic level. This task will be completed by March 2011.

c) Pilot of cell-based SMS system for CM, paramedics, and CSP's

The majority of client contacts are made by the satellite clinics and CSPs. As it is not feasible to gather service statistics using standard methods employed by clinic staff, the MIS team is working on SMS-based data management system to collect client-specific data from the field. Preliminary work, such as design and development of the interface for NOKIA mobile phone sets has been tested. Three clinics in Hazaribagh, Tongi and Keraniganj have been selected for the pilot where paramedics and CSPs will be the main users.

B. Operations and Administration

B1. Personnel.

Project staffing is almost complete. SSFP is in the process of hiring the Health Specialist and the MIS Specialist positions. With this, there will be only two positions to fill, which are the Franchise Development Officer and the Brand and Service Promotion Specialist. SSFP will fill those positions in the first quarter of Year 4.

Local consultants will be hired on a short-term basis to implement quality audits.

B2. Property Management. SSFP will continue to track all project inventory and maintain an up-to-date inventory list. As part of the close out process, SSFP will create a plan to dispose of all property acquired during the life of the project. Per FAR 52.245-1 "Government Property" SSFP will submit the disposition plan to the contracting officer for approval.

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. SSFP will expand access to safe motherhood services and will ensure male involvement in birth planning through the Surjer Hashi Health Groups. In addition, with FHI, SSFP will ensure services for traditionally neglected populations such as transvestites, sex workers, and MSMs.

C2. Youth. SSFP will continue incorporating the interactive training module on Youth Friendly Health Services on its website and will continue working on service providers' attitudes towards youth customers will be followed up this year during routine monitoring visit.

C3. Anti-Corruption. SSFP will continue improving the capacity of the network to serve its clients better, while simultaneously, denying space for corruption. During the fourth

year, SSFP will continue using the tools and methodologies that ensure proper use of resources and information to ensure transparency.

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, Staff from each NGO - including project directors, MIS officers and finance managers - will visit each of their clinics at least once a year. During each monitoring visit, monitoring staff will visit one static 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, the 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 wide 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 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 will continuously follow the clinic level activities for the implementation of the business plans developed by NGOs.

ANNEX A: PROGRAM INDICATORS

Result	Source	#	Indicator	Baseline	Year 1 Target	Year 1 Ach.	Year 2 Target	Year 2 Ach.	Year 3 Target	Year 3 Ach.	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	1.41	1.42	1.4	1.44
	OP	2	Number of people trained in FP/RH with USG funds	166	TBD	1,049	2,221	6,637	303	300	200
	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	2.11	2.12	2.54	2.60
	OP	4 ²	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	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	6	8	8	TBD
	OP	6	Number of new approaches successfully introduced through USG-supported programs	0	1	5	9	5	8	8	TBD
	OP	7	Number of USG-assisted service delivery points providing FP counseling or service	15,201	15,368	14,954	15,400	14,954	15,400	15,413	15,500
	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	5.00	5.27	5.29	5.30
	OP	9 ³	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	234 (175 for Norplant)	Not applicable	312 (181 for Norplant)	Not applicable

² We can avoid this indicator since it is costly to get the number.

³ 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 Ach.	Year 2 Target	Year 2 Ach.	Year 3 Target	Year 3 Ach.	Year 4 Target
	OP	10	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	TBD	101	900	101	419	359	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	12,714	15,383	22,431	24,500
	OP	12	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities (in millions of visits)	1.17	1.19	1.00	1.20	1.00	1.17	1.19	1.22
	OP	13	Number of people trained in maternal/newborn health through USG-supported programs	86	TBD	1,028	3,079	1,028	5,566	5,500	400
	OP	14	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	8,000	8,400	12,714	13,985	12,714	15,383	22,423	24,500
	OP	15	Number of people trained in child health and nutrition through USG-supported health area programs	2,549	TBD	971	8,055	971	120	115	200
	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	9,280	11,230	16,704	18,375
	OP	17 ⁴	Number of infant receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	TBD	TBD	66,146	68,500	66,146	68,800	68,800	72,000
	OP	18	Number of newborns receiving essential newborn care through USG-assisted programs	8,000	8,400	12,714	13,985	12,714	15,383	22,423	24,500

⁴ 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	120,971	161,585	189,518	195,000
	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	259,286	289,801	307,875	315,000
	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	1,465,954	351,648	2,990,398	2,000,000*
	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	1.643	1.98	2.06	2.10
	OP	23	Number of health facilities rehabilitated	0	25	26	TBD	115	202 ⁵		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	7.33	8.61	8.6	8.94
	OP	25	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs	NA	0	0	0	20	0		0
	OP	26	USG-assisted facilities' provide staff with a written performance appraisal	100%	100%	100%	100%	100%	100%	100%	100%
	OP	27	Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	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	79	78	115	115
	OP	29	Number of people trained in DOTS with USG funding	44	TBD	17	100	111	62	74	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		70,000

⁵ This was associated with the clinic conversion. Now we are going to do only clinic maintenance.

	OP	31	Percent of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results	75%	78%	70%	80%	70%	82%	82%	85%
Project Objective		32	Percent of cost recovery	25%	25%	31%	35%	32% (As of July 09)	50%		50%
		33	Percent of poor service contacts	26%	27%	27%	28%	25%	29%	30%	30%
Outcome 1		34	Smiling Sun Franchise Manager Established (Milestone Indicator) 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	0	1,2,3,4,5,6	4,5,6	6,7	2,4,7,8	6,7		8, 9
Result 1.1		35	Percent of external funds in SSHF budget	0%	5%	Not available	10%	Not Applicable	20%	Not Applicable	30%
Result 1.2		36	Percent of NGOs complying with franchise standards	0%	100%	100%	100%	100%	100%	100%	100%
		37	Percent of NGOs receiving subcontracts from the Franchisor	0%	0%	0%	70%	Not Applicable	85%	Not Applicable	100%

Outcome 2		38	Percent of franchisor's total budget paid by sources other than USAID	25%	30%	Not applicable	45%	Not Applicable	70%	Not Applicable	100%
Result 2.1		39	Cost per service contact (in taka)	21.38	19.60	20.11	20.45	22.90	30.00	20.31	TBD
Result 2.2		40	Percent of NGOs paying franchise fees from non-USAID sources	0%	0%	0%	30%	Not Applicable	75%	Not Applicable	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	320 8,545	319 8,516	325 8,720	325 8,720
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%	Vital-90% Ultra-10%		TBD
Result 3.2		43 ⁶	Total service contacts (in millions)	27.6	29.5	27.2	29.6	28.5	29.7	31.23	32.8
Result 3.3		44 ⁷	Average composite quality monitoring system scores for clinics	NA	TBD	Not Applicable	Not	Not Applicable	Not	Not	Not
		45	Number of clinics with a QMS in place	319	836	638	957	640	957	957	957
Program Support	OP	46	Number of monitoring plans prepared by the USG	1	1	2	1	63	1		1
	OP	47	Number of institutions with improved Management Information Systems as a result of USG-assistance	0	30	29	29	29	29	28	28
	OP	48	Number of institutions that have used USG-assisted MIS system information to inform administrative/management decisions	0	55	32	162	32	349	350	350
	OP	49	Number of people trained in monitoring and evaluation with USG-assistance	0	55	61	150	226	290		TBD
	OP	50	Number of people trained in strategic information management with USG assistance	0	165	212	670	313	290		TBD
	OP	51	Number of information gathering or	NA	0	3	5	7	4		1

⁶ 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.

⁷ 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.

		research activities conducted by the USG									
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ANNEX B: CLINICAL TRAINING

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
<i>Child Health:</i>				
Facility IMCI	11 days	Medical Officers and all Paramedics of each clinic	Medical Officers: 36	Paramedics: 107
TOT on Community-IMCI	6 days	At least one Paramedic and one Service Promoter of each SS clinic	Paramedics: 12	SP: 12
Refresher Training on EmOC & CPR	1 days	All Medical officers & Paramedics of Smiling Sun network EmOC clinics.	MO: 48	PM: 64
Refresher Training on IP	1 days	All Medical officers & Lab. technician of Smiling Sun network.	MO: 90	Lab. Tech: 120
<i>Family Panning:</i>				
FPCSC	12 days	Paramedic of each SS clinic	Paramedic: 105	
Implant	3 days	At least one Medical Officers and one Paramedic of each Implant offering SS clinic	Medical Officers: 10	Paramedics: 10
NSV	8 days	At least one Medical Officers and one Paramedic of each NSV offering SS clinic	Medical Officers: 5	Paramedics: 5
Tubectomy	12 days	At least one Medical Officers and one Paramedic of each Tubectomy offering SS clinic	Medical Officers: 6	Paramedics: 6
<i>Maternal health:</i>				
Other Reproductive Health	6 days	Paramedic of SS clinic	Paramedic: 101	
Safe Delivery	21 days	Medical Office and Paramedics of Safe Delivery and Home Delivery unit of SS clinic	Medical Officers: 5	Paramedics: 25
<i>Counseling:</i>				
Counselling	3 days	Counsellor of each SS clinic	Counsellor: 14	
<i>STI/RTI:</i>				
STI/RTI	5 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 14	Paramedics: 35
<i>Tuberculosis:</i>				
TB Management Training	6 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 15	Paramedics: 17
Laboratory Training	6 days	Laboratory technician	Laboratory technician: 14	

ANNEX C: IMPLEMENTATION PLAN

Activity Description	Positions/Teams Responsible	Program Activity by Month											
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Performance Outcome No. 1 - Smiling Sun Franchise network is in place - Management organization/Structure													
i. Building on previous investments													
1. Membership Council meetings	MD, FOO, COP, OM			x			x				x		
2. Project Advisory Committee (PAC) meeting	MD, SPA,CS, HO, FOO										x	x	
3. SSHS BOT meeting	MD, FOO, COP, OM	x											
ii. Maintain and continue developing structure fro managerial best practices													
1. Centralized procurement	FOO, PS, MD, OM	x	x	x	x	x	x	x	x	x	x	x	x
2.Brand management	BSPS, MCS, MD	x	x	x	x	x	x	x	x	x	x	x	x
iii. Quality of Care anchoring													
1. Clinical Quality Council strengthening	CQASS, HO, HS, MEO, TC			x			x				x		x
2. Fostering a culture of quality of care	HO, CQASS, HS, MEO, TC	x	x	x	x	x	x	x	x	x	x	x	x
iv. Policy and Advocacy with GOB													
1. Continue regular interaction with MoHFW/DGHS/DGFP policy-makers and staff	SPA, CS,COP, MD			x			x				x		
2. Conduct joint clinic visits with policy makers and other GOB officials	SPA, CS,MD, HO, FOO	x			x		x			x		x	x
3. Briefing meetings with the District/Division levels Health & FP officials	SPA,CS, MD, FOO		x		x		x			x		x	x
4. Briefing meetings with LGRD/City Corporations/UPHCP for urban health services	MD, SPA,CS, HO	x	x	x	x	x	x	x	x	x	x	x	x
5. Continue advocacy efforts to support CHT expansion	SPA, CS,MD, HO, MCS	x	x	x									
6. Tripartite Review (TPR) meeting	MD, SPA,CS, HO, FOO										x	x	
7.Participations in workshop/study tour								x	x				

a. Regional (Philippines, Indonesia) for five people	SPA,COP, MD, CS, HO, FOO							x						
b. Interregional (Kenya, Egypt) for five people	SPA,COP, MD, CS, HO, FOO									x				
8. Organizing consultative meeting of National Working Team for IMCI	HO,SPA,FOO			x							x			
v. Program Communication														
1. Communication materials and tools														
a. Publish quarterly newsletter	CS, MCS	x			x				x			x		
b. Program Website update	CS, ITS	x	x	x	x	x	x	x	x	x	x	x	x	x
2. End of project workshops														
a. Technical consultation (2 days)	COP, MD, CS, MCS, FOO											x		
b. Close-out workshop - presentation of final report and dissemination of best practices (1/2 day)	COP, MD, CS, MCS, FOO											x		
c. Washington event (4 people from Dhaka)	COP, MD, CS, MCS, FOO													x
3. Develop legacy documentation and dissemination strategies														
a. Strategy development	COP CS,ORS, MCS, SPS, BPMRS	x	x											
b. Materials development	COP CS,ORS, MCS, SPS			x	x	x	x	x	x	x				
c. Video development	COP CS,ORS, MCS, SPS				x	x								
4. Media advocacy	CS, MCS, BSPS	x	x	x	x	x	x	x	x	x	x	x	x	x
a. Develop press kits	CS, MCS													
b. Media orientation (print, radio, TV)	CS, MCS													
vi. Partnership with GOB														
1. Ongoing communication through meetings, letters, field visits and reports:														
a. Long acting and permanent methods (LAPM)	HO, BPMRS, MCS,SPA	x	x	x	x	x	x	x	x	x	x	x	x	x
b. Demand-Side Financing (DSF) as third-party payer to ensure access to the poor	SPA, HO, FOO,	x	x	x	x	x	x	x	x	x	x	x	x	x
c. Outsourcing and contracting out community clinics	SPA, HO, FOO, FDO	x	x	x	x	x	x	x	x	x	x	x	x	x
vii. Private Sector Partnerships														
1. Fees for Services														

a. Finalize MOUs with Transcom, H&M, and BATB	SPS, COP, BPMRS, MCS, FOO	x	x	x										
b. Continue relationship with GP and Reckitt Benckiser	SPS, COP, FOO	x	x	x										
c. Define new partnership opportunities (Akij Cement, Tullow, Rahimafrooz, etc.)	SPS, FOO, HO, COP	x	x	x	x	x	x	x	x	x	x	x	x	x
2. Infrastructure, Equipment, and Operations														
a. Finalize MOU with Chevron	SPS, FOO, COP	x												
b. Maintain and expand relationships with CEMEX, DBBL Foundation, and KAFCO	SPS, FOO, HO, COP	x	x	x	x	x	x							
c. Define new partnership opportunities (Prime Bank Foundation, A.K.Khan Foundation, Emirates Foundation, etc.)	SPS, FOO, HO, COP, BPMRS	x	x	x	x	x	x	x	x	x	x	x	x	x
3. Information and Communication Technology														
a. Rollout pilot with Frontline SMS and Nokia to enable data-driven decision-making via SMS-based data collection	SPS, MEO, COP, FOO	x	x	x	x									
b. Continue implementing rollout with SpaceRace to create awareness via targeted digital infotainment	SPS, COP, MEO, FOO	x	x	x	x	x	x	x	x	x	x	x	x	
c. Define new partnership opportunities (ClickDiagnostics, Grameen Solutions, m4H initiative of GHI, etc.)	SPS, COP, MEO, FOO	x	x	x	x	x	x	x	x	x	x	x	x	x
4. Special events (signing, launching, and award ceremonies)	SPS, COP, CS, MCS, FOO	x		x				x			x			
5. Assist NGO's to identify, nurture, and secure local resources for individual gifts (cash and in-kind)	SPS, FOO, FOT, MCS, COP	x	x	x	x	x	x	x	x	x				
6. Maintain leverage tracker to keep track of value of all contributions	SPS, MEO, FOO, GM, COP	x	x	x	x	x	x	x	x	x	x	x	x	x
7. Assist NGOs to maintain good relationship with strategic partners	SPS, FOO, COP	x	x	x	x	x	x	x	x	x	x	x	x	x
viii. Finalize Sustainability Plan														
a. Confirm sustainability plan (identify expenses and sources)	COP, GM, SPS, BPMRS, CS,	x	x	x										
b. Confirm and prepare proposals to donors and private foundations	COP, SPS, HO	x	x	x	x	x	x							
c. Partnerships (private sector, GoB, other implementing partners, individuals)	SPS, SPA, HO, FOO, COP	x	x	x	x									
d. Fees for services	GM, MD, FOO, FMQA, COP	x	x	x	x									

vi. Finalize Sustainability Plan														
a. Confirm sustainability plan (identify expenses and sources)	COP, GM, SPS, BPMRS, CS,	x	x	x										
b. Confirm and prepare proposals to donors and private foundations	COP, SPS, HO	x	x	x	x	x	x							
c. Partnerships (private sector, GoB, other implementing partners, individuals)	SPS, SPA, HO, FOO, COP	x	x	x	x									
d. Fees for services	GM, MD, FOO, FMQA, COP	x	x	x	x									
Performance Outcome No. 2 - Network Efficiency, Declining Grants, and Double Bottom-line														
i. Increasing Network Efficiency														
1. Resource and information sharing														
a. Conduct clinic monitoring visits	FOO, HO, MD	x	x	x	x	x	x	x	x	x	x	x	x	x
b. Conduct minor renovations to the remaining 14 clinics to ensure they meet SSFP quality standards	FOO, LLS	x	x	x										
c. Continue ongoing maintenance of existing clinics	FOO, LLS	x	x	x	x	x	x	x	x	x	x	x	x	x
d. Facilitate quarterly performance review meetings	FOO, MEO, GM	x			x			x			x			
e. Update existing agreements with pharmaceutical companies for drug supplies	FOO, PS, OPM	x		x		x		x		x		x		
f. Enter new agreements with pharmaceutical companies for drug supplies	PS, MD	x	x	x	x	x	x	x	x					
g. Develop an staff retention strategy for NGO service providers	BPMRS, ORS, FOO,	x	x	x										
h. Report on network rationalization activities	BPMRS, MD, FOO, GM, COP	x	x	x	x	x	x	x	x	x	x			
2. Capacity Building														
a. Update “finance and accounting manual”	MD, FOO, FQAS, FMFS		x	x										
b. Orient NGO staff on revised finance and accounting manual	MD, FOO, FQAS, FMFS, TC					x	x							
c. Organize Training on MH, CH, FP, TB, Other Reproductive health , STI/RTI, IP, Counseling	MD, HTS, TC, HO	x	x	x	x	x	x	x	x	x	x	x	x	x
d. Continue refresher training on EmOC and CPR	MD, HTS, TC, HO	x	x	x	x	x	x	x	x	x				
e. Organize clinical workshop on infection prevention for MO and LT	MD, HTS, TC, HO	x	x	x	x	x	x	x	x	x				
f. Develop a pool of trainer that can provide LAPM training	MD, HTS, BPMRS, HS,	x	x	x	x	x	x	x	x	x	x	x	x	x

	TC													
g. Continue training on promotion and counseling on LAPM in Chittagong and Barisal divisions	MD, BPMRS, MCS, TC, HTS, HS	x	x	x	x									
3. Documentation														
a. Retreat for documentation and close-out plan	COP, OPM, TC					x								
4. Operations Research														
a. SSFP image; then and now	BPMRS, ORS, CS, MEO							x	x	x	x	x	x	
b. Effectiveness of the quality circles	BPMRS, ORS, CS, MEO	x	x	x	x	x								
c. Usefulness of business planning as a management tool	BPMRS, ORS, CS, MEO						x	x	x	x	x			
ii. Declining Grants - Investment														
1. Report and update the Program Income Plan	GM, COP				x			x			x			x
2. Grants Monitoring and Internal and External Audits														
a. Review and management of 28 NGO Grants	GM, GS, MD	x	x	x	x	x	x	x	x	x	x	x	x	x
b. Orientation on 4th Round Grant	GM, GS, TC, MD	x												
c. Follow-up and Monitoring visit by grants team	GM, GS		x	x		x	x			x	x		x	x
d. Internal and External audit for NGO's	GM, GS, OPM	x	x	x	x	x	x	x	x	x	x	x	x	x
3. Computerized Management System														
a. Upgrading and Integration of existing systems	MEO, GM, FOO	x	x	x										
b. Orientation to NGO's on upgrading and integration of system	MEO, GM, FOO					x	x	x						
4. Close-out Grants														
a. Share close-out process with NGOs	GM, GS,									x				
b. Close-out meeting with NGOs (technical)	GM, GS, MD, FOO											x		
c. Conducting final grant close out (contractual and financial)	GM, GS,												x	
d. Transition from grant funding to program income support for NGO service delivery	GM, GS,												x	x
iii. Service Provision to Target Population including Poor														
1. Compile, finalize resource mobilization guideline for serving the poor	BPMRS, MCS, FOO	x	x	x	x									
2. Conduct regional dissemination workshops on resource mobilization for the poor	MCS, BPMRS, FOO, TC					x								

3. Update the least advantaged lists that clinics use to identify the poor	FOO							X	X	X	X	X	X	X
Performance Outcome No. 3 - Service Volume, Client Base, and Quality of Care														
i. Expansion of service volume														
1. Taskforces														
a. Continue 5 health topic task forces (MH, CH, FP, TB, Lab service)	HO, FDO, FOO	X	X	X	X	X	X	X	X	X	X	X	X	X
2. Service expansion in strategic health areas (LAPM, MH, CH, Diagnostics, and RH)														
a. Mainstream nutritional interventions into ongoing PHC in cooperation with USAID Food Security Initiative	HO, CQASS, BSPS	X	X	X										
b. Promotional activities (IEC materials development) to increase LAPM services (NSV, Tubectomy, IUD, Implant)	HS, MCS, BSPS	X	X	X	X	X	X	X	X	X	X	X	X	X
c. Regional training on "Helping Baby Breathe" for paramedics (home delivery and EmOC clinics)	HO, HTS, CQASS, TC		X	X	X									
d. Printing ENC manual for CSPs	HO, HTS, MCS	X	X											
e. Printing ENC flip charts for CSP	HO, HTS, MCS													
f. Continue orientation for clinical staff and CSPs on ENC	HO, HTS, TC			X	X									
4. Continue collaboration with other USAID implementing partners														
a. Continue coordination with and scale-up of lessons learned from other USAID implementing partners	HO, COP	X	X	X	X	X	X	X	X	X	X	X	X	X
b. Finalize the integration of 3,000 Save the Children into SSFP network in Barisal	HO, FOO	X	X	X	X	X	X	X	X	X	X	X	X	X
c. Continue collaboration with the LOI Program to increase clinic referrals	MCS, FOO	X	X	X	X	X	X	X	X	X	X	X	X	X
ii. Expansion of client base														
1. Continue service expansion in Chittagong Hill Tracts (CHT)														
a. Inclusion of bEmOC in one CHT clinic	BPMRS, FOO, HO								X	X	X			
b. Inclusion of home delivery in all CHT clinics	BPMRS, FOO, HO								X	X	X			
c. Conduct need-based services promotion	FDT, FOT	X	X	X	X									
2. Campaigns														
a. Strengthening Smiling Sun brand by mass media support to demand generation	BSPS, MCS, BPMRS			X	X	X	X							
b. Local level campaign to promote FP and LAPM	HO, MCS, BPMRS		X	X	X	X	X							
c. Conduct two local level campaigns to promote handwashing and reduction of diarrheal disease	MCS, HO, BSPS	X	X											
3. Demand Generation														
a. Continue Surjer Hashi health groups	MCS, BPS,	X	X	X										

	FOO, HO													
b. Co-branded service promotin with SMC	HO, BPMRS, FOO, MCS					x	x	x	x	x				
c. Observance of National/International days linked with GoB and service delivery	MCS, CS, SPA	x	x	x	x	x	x	x	x	x	x	x	x	x
d. Continue to interface with other implementing partners to increase clinic referrals (LOI)	MCS, BSPS, BPMRS, HO			x	x	x	x	x	x	x	x	x	x	x
e. Performance-based incentive strategies	BPMRS, FOO, COP				x		x		x	x				
iii. Maintenance of Quality of Care														
1. Improvement of Quality of Care														
a. Monitor CLQC	CQASS, HMS, FOO, HO, HS, MEO	x	x	x	x	x	x	x	x	x	x	x	x	x
b. Continue quarterly clinical quality council meetings	CQASS, HO, HS, MEO, TC			x				x			x			x
c. Review and finalize daily/weekly/monthly checklists	CQASS, HO, HS			x				x			x			x
d. Follow-up clinical trainings	HTS, HMS, TC, ORS	x	x	x	x	x	x	x	x	x				
e. Joint follow-up of clinical trainings with training institute	HTS, TC	x	x	x	x	x	x	x	x	x				
f. Regular website update on quality	HO, CQASS, MEO, ITS	x	x	x	x	x	x	x	x	x	x	x	x	x
2. Quality Audit														
a. Conduct External Quality Audit of 33 clinics	CQASS, HO, OPM	x	x	x	x									
b. QMS data quality check	CQASS		x	x				x	x		x	x		
c. Printing of QMS guidelines	HO, CQASS, OPM				x									
d. Printing clinical service delivery manual	HO, CQASS, OPM				x									
e. Introduce mystery client method of assessing service quality into Smiling Sun clinics	HO, BPMRS, CQASS		x	x	x	x								
3. MIS System Maintenance														
a. Finalize integrated web-based MIS based on experience from pilot	MEO, GM, FOO	x	x	x										
b. Align QMS Database based on revised clinic observation tools and checklists	CQASS, MEO, HO	x	x	x	x	x	x	x	x	x	x	x	x	x

c. Pilot of cell phone-based SMS system for clinic managers, paramedics, and CSP's	MEO, FOO, OPM, HO, SPS, BPMRS	x	x	x										
i. Cross Cutting Issues														
1. Gender														
a. Distribute materials on SSFP's gender policy	HO, MCS		x	x										
b. Organize gender-sensitization workshop with other stakeholders in Barisal, Chittagong, and Sylhet	HS, HO, BSPTS				x		x			x				
2. Youth														
a. Establish youth SMS/hotline	HO, BPMRS, SPS	x	x	x	x	x	x							
b. Develop and distribute materials on youth-friendly services	HO, BSPTS, MCS				x	x	x							
3. Anti-Corruption Administrative Visit	MD, GM, FOO, HO, SPA	x	x	x	x	x	x	x	x	x	x	x	x	x
Total of Cross Cutting Issues														
ii. Operations and Administration														
1. Personnel recruitment for vacant positions	OPM	x	x	x	x	x	x	x	x	x				
2. Property Management														
a. Disposal of inventory	OPM									x	x	x	x	
b. Procurement of inventory	OPM	x	x	x	x	x	x	x	x	x				
c. Update asset inventory	OPM							x						x