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SMILING SUN FRANCHISE PROGRAM

**ANNUAL PROGRESS REPORT
OCTOBER 01, 2010 – SEPTEMBER 30, 2011**

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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ACRONYMS

ANC	Antenatal Care
ARI	Acute Respiratory Tract Infection
BCC	Behavior Change Communication
BCCP	Bangladesh Center for Communications Programs
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
BOT	Build, Operate, Transfer/Board of Trustees
CA	Cooperating Agency
CAG	Community Action Group
CDD	Control of Diarrheal Disease
CHTF	Child Health Task Force
CLQC	Clinic Level Quality Circles
COTR	Contracting Officer's Technical Representative
CPR	Cardiopulmonary Resuscitation
CQC	Clinic Quality Council
CSG	Community Support Group
CSP	Community Service Provider
CSR	corporate social responsibility
DG	Director General
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Service
DOTS	Directly observed treatment short course
DPT3	Diphtheria, Pertussis, Tetanus
DSF	Demand Side Financing
EPI	Expanded Program Of Immunization
EmOC	Emergency Obstetric Care
ESD	Essential Services Delivery
FAM	Finance and Administrative Manager
FANTA	Food and Nutrition Technical Assistance II
FHI	Family Health International
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
GPRS	General Packet Radio Services
HKI	Helen Keller Internatioal
HNPSP	Health, Nutrition, Population Sector Program
HQ	Headquarters
ICDDR,B	International Center for Diarrheal Disease Research, Bangladesh
IHC	Integrated health centers
IMCI	Integrated Management of Childhood Illnesses
IT	Information Technology
IUD	Intrauterine Contraceptive Device
KAFCO	Karnaphuli Fertilizer Company
LAPM	Long Acting and Permanent Methods

LOI	Leaders of Influence
MC	Membership Council
MCH	Maternal and child health
M&E	Monitoring and Evaluation
MFRR	Monthly Financial Reconciliation Report
MIS	Management Information System
MO	Monitoring Officer
MoHFW	Ministry of Health and Welfare
MOU	Memorandum of Understanding
MSA	Management Support Agency
NGO	Nongovernmental Organization
NID	National Immunization Day
NSV	No Scalpel Vasectomy
NWT	National Working Team
ORS	Oral Rehydration Salts
PAC	Program Advisory Committee
PC	Personal Computer
PD	Project Director
PDSA	Plan-Do-Study-Act
PIP	Program Income Plan
PNC	Postnatal Care
PPIUD	Postpartum Intrauterine Contraceptive Device
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
SMC	Social Marketing Company
SMIC	Safe Motherhood and Infant Care
SMS	Short Messaging System
SS	Smiling Sun
SSFP	Smiling Sun Franchise Program
SSHS	Smiling Sun Health System
SSHG	Smiling Sun Health Group
SP	Service Provider
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Training of Trainers
UCSF	University of California, San Francisco
UNICEF	United Nations Children's Fund
UPHPC	Urban primary health care project
WHO	World Health Organization

EXECUTIVE SUMMARY

The Smiling Sun Franchise Program (SSFP) had a successful and dynamic Year 4 in terms of project management, service delivery and impact. The year began with service expansion in three remote hill districts, ensuring SSFP's presence in all 64 districts of Bangladesh. In the middle of the year, SSFP crossed the important milestone of offering services through more than 100 million customer contacts. The year ended with the capacity enhancing achievement of bringing the whole network of 323 clinics together under an Integrated Online Management Information System.

Highlights of Year 4 Achievements

- Web-based MIS ready to receive real-time field data
- 100 million customer contacts
- First Maxi clinic established through CSR in the network
- Presence in all 64 districts
- 31 percent poor customer contacts

During Year 4, the project also achieved record results:

1.53 million couple-years of protection (CYP), more than 1.29 million ANC consultations, and more than 2.3 million CDD consultations. SSFP provided more than 53 million services through 36 million customer contacts. Also noteworthy, the program provided more than 20 thousand safe deliveries and made approximately 11 million service contacts for immunization through routine immunization and by participating in National Immunization Days. In addition, SSFP increased its long acting and permanent methods (LAPM including injectable) output from 1.5 million in year 3 to 1.9 million in year 4 due to higher demand for implants, IUDs, and NSV. This level of performance was achieved while still maintaining the same level of cost recovery (41%) reached in the previous year and in spite of the loss of one of SSFP's main third-party payers for the poor, Grameen Phone.

SSFP also strengthened ties with the Government of Bangladesh (GoB) by increasing demand-side financing (DSF) coverage for improving maternal health, organizing urban health coordination meetings on behalf of the government, and arranging study tours to familiarize high government officials with successful models of public-private collaboration. The GoB has publicly expressed its support of SSFP throughout Year 4.

Equally importantly, SSFP continued to receive support from strategic partners in the private sector. Tangible examples include a new comprehensive EmOC facility built by KAFCO, as well as a donation of 320 computers from Dutch-Bangla Bank, one of the program's strongest supporters, to implement an Integrated Online MIS. The new MIS will provide real-time data on service statistics and program income, which is a great step towards ensuring better program monitoring, enhanced financial control, and greater transparency.

SSFP has continued to strengthen its quality improvement system. In Year 4, SSFP completed the 15th Clinical Quality Council (CQC) meeting and published quality scores of all clinics on its website. This transparency encouraged project directors and clinic managers to compare their clinic performance and rankings to others within the network.

Finally, in the fourth year, SSFP achieved 91% of its training objectives to support a fully trained and competent service and support staff and to ensure quality of care. Among the participants, 78% were female and 22% were male. SSFP also produced and disseminated communication

materials to inform patients of their rights to set expectations and promote service user empowerment.

SECTION I. 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. During the fourth year of the project, SSFP continued developing the institutional capacity that allowed for effective network management with a long-term vision. SSFP also stimulated NGO participation in consultative bodies, such as the Membership Council and other technical meetings such as the CQC. In addition, SSFP continued to strengthen ties with the GoB at the central and local levels.

Building on previous investments

Membership Council. SSFP has benefited from previous investments in developing participatory governing bodies. Consulting with NGOs through an active Membership Council has strengthened the sense of network ownership among NGOs. During the year, SSFP organized three Membership Council meetings to review SSFP's performance and progress against the Year-4 work plan. SSFP invited NGO representatives to become more involved in network operations ensuring transparency and accountability in program implementation.

Project Advisory Committee. To solidify gains and to continue strengthening relations between the network's management structure, the GoB, and other development partners, SSFP organized a PAC meeting in the fourth quarter to ensure that the gains to date remain and present challenges are addressed so that the legacies could be brought forward in the future to achieve health, population, and social objectives of USAID and the GoB. The objective of the meeting was to identify areas of potential collaboration with government and other stakeholders. Mr. M.M. Neaz Uddin, Director General of the Directorate General of Family Planning (DGFP), was the Chief Guest at the meeting, while Mr. Md. Zahid Hossain, Director General of the Implementation Monitoring and Evaluation Division (IMED) of the Ministry of Planning chaired the session. The speakers commented that urban squatters have been overlooked by family planning programs over the years. As a result, family planning services are not consistently offered in the slum areas. They suggested that along with the government, NGOs should come forward to address the issue. Considering the recommendations from the PAC meeting, the project directors and contact persons of partnering NGOs reviewed project achievements, key areas needing improvement and lessons learned for upcoming SSFP activities, in preparation for Year 5 work planning activities.

Membership Council Directorate. The Membership Council Directorate is an executive body consisting of eight members selected from the Membership Council who speak on behalf of the council. During the third quarter, the Membership Council Directorate met to discuss salient issues reported during the last year of program implementation. Issues discussed in the meeting were modalities of work during the extension period and performance outcomes. SSFP also introduced the newly developed Integrated Online MIS to the Membership council.

Maintain and continue developing structure for managerial best practices

Centralized procurement. SSFP has been successful in securing better prices for drugs and medicines for NGOs. Since project inception, discounts achieved by the project have increased from 16% to over 25%. The revolving drug fund (RDF) affords all NGOs a much better return allowing the NGOs to offer their clients affordable health products, and increasing their ability to better serve the poor. During the fourth quarter, SSFP finalized procurement of Hepatitis-B vaccines and reviewed existing prices with 10 pharmaceuticals companies and finalized amendments to the contracts. SSFP delivered medical equipment to 12 EmOC clinics and trained the staff to safely operate the equipment during the third quarter of year 4. Medical equipment was also procured for the clinic in Cox's Bazaar.

Brand management. SSFP has continued implementation of its branding strategy. During the year, SSFP attained a uniform look and layout in 98% of the clinics as per the brand guideline and branded 13 ambulances of Surjer Hashi clinics in the same brand alignment. The branding strategy further promotes the Smiling Sun image and creates a more uniform look for the ambulances. Additionally, SSFP finalized installation of three billboards to promote ANC services in the Chittagong Hill Tracks area, installed 50 additional signs for EmOC clinics, and printed 350,000 referral slips and leaflets on lab services, 45,000 posters on LAPM, and 2,000 job aids on LAPM.

Anchoring quality of care

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 conceived the notion that quality is an essential process and a guiding principle of the service delivery system. During the fourth year, SSFP continued carrying out those activities that helped the project to develop the foundation to build a corporate culture around quality.

Quality Council strengthening. SSFP has persistently worked in building a name around quality that is recognized by network members, stakeholders and, most importantly, clients. Since project inception, a total of 15 Clinical Quality Council (CQC) meetings have been organized to maintain optimum standards in delivering quality clinical services to the customers. In the 15th CQC, the overall assessment report on EmOC preparedness and the results of the Bangladesh Maternal Mortality Survey 2010 were shared with the participants to provide an outlook of the current situation in the maternal health sector, with particular reference to achievements and constraints along with NGO sector's associations. There was also a presentation on "Helping Babies Breathe" with a particular emphasis on capacity building and an implementation plan for SSFP.

Fostering a culture of quality of care. To continue strengthening the culture of quality of care in the network, SSFP continued to keep the Membership Council informed about progress in this area. SSFP presented relevant quality issues and achievements in every membership council meeting. In these meetings, international best practices, case studies, and emerging needs were shared and discussed to build knowledge and capacity and to develop a common understanding of SSFP's approach to quality. In the 15th CQC, SSFP organized a special session with monitoring officers to mitigate the gaps of EmOC clinics for service delivery. It was shared in a participatory manner to streamline approaches intended to provide standardized care in emergency contexts. Close monitoring and synchronous onsite mentoring has been elevated to

the utmost importance for successful coverage of identified gaps and sustainability of the standards required for maintaining optimum quality.

Policy and advocacy with GoB

Continue interaction with MoHFW/DGHS/DGFP policy makers and staff. SSFP has developed strong and productive relations with all divisions of the Ministry of Health and Family Welfare (MoHFW). During the year, SSFP organized 48 meetings with high-level officials in the MoHFW, Directorate General of Health Service (DGHS) and DGFP 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, improved technical capacity to offer permanent family planning methods and expanded access to critical programs such as DSF. During the third quarter of Year 4, SSFP became an important member of the Health Advisory Board for extension of health services through Mobile for Health services. To strengthen ties with GoB officials at the local level, SSFP organized district level advocacy meetings in Kishoreganj.

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 strengthen ties at the personal and institutional levels. After assuming his office, Mr. M.M. Neazuddin, the new Director General of DGFP, visited the Surjer Hashi Clinic at South Central Road in Khulna on March 7, 2011. He expressed his satisfaction after seeing the clinic's performance and instructed pertinent officials to provide more support to this facility, particularly for delivering LAPM. Another important GoB official, Mr. Md. Mofazzal Hossain, the then Director General of IMED, who was also a member of the Program Steering Committee of USAID/Bangladesh Health and Population Program (UBHPP), visited Smiling Sun Clinics in Pahartoli and Nasirabad in Chittagong on January 8, 2011, to observe different activities of the clinics, including the expanded program of immunization (EPI). He remarked that the activities of Smiling Sun clinics are praiseworthy in many aspects, including National Immunization Day (NID), maternal child health (MCH) and FP.

Briefing meetings with District/Division levels Health and FP officials. To advance USAID strategy to strengthen health systems of GoB and collaboration between programs and government counterparts, SSFP organized meetings with health and FP authorities from each of the 64 districts where the program operates. During the third quarter of Year 4, SSFP organized district level advocacy meetings with the Deputy Director of Family Planning and the Civil Surgeon of Kishoreganj district to strengthen ties with GoB officials and resolve issues related to FP at the local level.

Continue advocacy efforts to support CHT expansion. During the year, SSFP expanded into the Chittagong Hill Tracts (CHT) with three clinics and 96 satellite sites. This expansion into a specially administered area required continuous support from local and central authorities. To ensure success in the Hill Tracts, SSFP organized a series of meetings with the Ministry of CHT affairs as well as the local government divisions for coordination in program implementation.

Study Tours for Senior Government Officials. SSFP facilitated two international study tours this year for senior government officials to expose them to successful models of public health service

delivery in private and public settings. During the second quarter, SSFP organized a study tour in Kenya for senior government officials, including Mr. Humayun Kabir, Secretary of the MoHFW. The second tour was completed in the fourth quarter during July 15-23, 2011, to Jakarta and Manila to introduce them to innovations in health services delivery – particularly family planning. The team was led by Mr. A K M Amir Hossain, Additional Secretary of the MoHFW, while Md Neazuddin Miah, Director General of Family Planning also accompanied. Participants came away from the study tours with a deeper knowledge of best practices and models Bangladesh could effectively apply to improve its overall healthcare service delivery as well as to reinforce the advocacy effort to scale up these best practices for a wider impact.

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 hosted a meeting of the National Working Team of IMCI during the second quarter in which representatives of 10 organizations, including GoB, WHO, and UNICEF joined to discuss the status of Essential Newborn Care. The meeting focused on the need to strengthen Essential Newborn Care which, if not properly addressed, might jeopardize the achievement of Millennium Development Goal 4. The participants also shared their activities in the improvement of child health status of Bangladesh.

Program communication

Communication materials and tools. SSFP routinely disseminates informative materials on program achievements and innovations to stakeholders and other interested audiences. During this year, SSFP continued sharing information about program best practices, innovative approaches, and lessons learned with a community interested in diverse topics, such as health networks, socially and market-driven health service delivery, health equity and financing, and health systems in general. SSFP received support from a communications consultant, Gregory Hammaker, who organized project communications into four main areas: project impact, partnerships, innovations and capacity building.

Quarterly newsletter development and distribution. This information tool informs interested audiences on program progress and latest developments. To date, SSFP has published 10 quarterly newsletters in both print and electronic formats. The newsletters are regularly distributed by electronic mail to all stakeholders and are available to the general public on SSFP's website.

Program website periodic updates. During the fourth year, SSFP regularly updated its website with recent events and relevant stories. The program website is visited by individuals from all over the world interested in program news, success stories, TV ads, and other communications pieces. Additional information about clinic locations, partnering NGOs and services offered is also available on the website. Partnering NGOs used the website to access information on quality improvement, such as management tools, guidelines and manuals, quality of care scorings, and service statistics information.

Media advocacy. To better inform interested audiences about the Smiling Sun Program, SSFP is continuing to develop a structured and integrated communication approach to reach out to media practitioners and promote health services, healthy behaviors and practices. SSFP held meetings

with journalists from Dhaka and Chittagong during the launching of CHT clinics. SSFP also organized a press conference, before the launching of the Hand Washing Campaign in the beginning of year 4, to ensure that simple messages that can help prevent diseases are widely disseminated through regular media. The meetings and the press conferences helped SSFP obtain wide coverage about the project's health activities and programs. A two-page supplement was published in a Bangla daily as the result of a roundtable discussion during the Hand Washing Campaign. Different national electronic and print media covered the different programs round the year. During the second quarter, Channel-I, a leading satellite television channel of the country, broadcasted a TV commercial on Antenatal Care services (ANC) of Surjer Hashi clinics for two weeks. The channel sponsored this broadcast, which amounted to BDT 450,000 for the 15-day period.

Developed press kit. To convey consistent and solidly informative messages, SSFP has developed a press kit to support media practitioners to disseminate relevant information about Smiling Sun. This year, SSFP published a compendium of success stories for the press kit.

Partnership with GOB

The relationship between GoB and SSFP has resulted in concrete partnerships that facilitate the scaling up and strengthening of the program.

Strengthen LAPM service delivery. SSFP continued advancing its partnership with GoB in this important area seeking to expand FP services and also to improve the permanent supply of these methods. During this year, 36 medical officers and paramedics from different Smiling Sun partner NGOs received training on LAPM, IUD and PPIUD under the government's Clinical Service Delivery Program. The trainings were provided by the Mayer Hashi program of USAID.

Expand access to demand side financing. During the third quarter, the Smiling Sun clinic in Teknaf was included in the government's demand-side financing (DSF) program. Through DSF, the clinic helps poor pregnant women receive cash aid to access proper health care. This financial support covers transportation, consultation, and delivery-related costs. The voucher scheme will cover poor women from the Heela and Whoaikong unions in the Teknaf Upazila. Local authorities, such as the Upazila Parishad vice chairman and the Upazila Health and family planning officer, presided over the service launching ceremony. During the inaugural program, 60 pregnant women each received BDT 2,000 in cash to cover healthcare needs and BDT 500 for transportation costs. On the same day, three specialist doctors and three paramedics provided services to 208 patients, 121 of whom were deemed to be too poor to pay and received free treatment.

Private Sector Partnerships

The private sector has been an important source of key resources for SSFP. During the reporting period, SSFP developed new partnerships with Dutch Bangla Bank Foundation (DBBF), LFMEAB, KAFCO and Maersk Shipping Line, and engaged in discussions with other potential partners. SSFP has four outstanding proposals in the development of strategic partnerships process. Between January and June 2011, SSFP signed agreements with partners or received donations valued at approximately \$400,000:

- a) *ACI Limited.* SSFP signed an agreement with ACI, one of the largest fast moving goods (FMG) manufacturers in Bangladesh, to ensure value-added services to newborn babies at EmOC clinics under Smiling Sun network. According to the agreement, they will provide free of cost gift items for every newborn in every one of the 47 EmOC Surjer Hashi Clinics which include one towel, one bar of soap, and 156ml liquid antiseptic. ACI has also assured support in the health and hygiene awareness activities and campaign during special occasions like Mothers' Day and World Health Day. This initiative not only helped to change the hygiene behavior of the Smiling Sun customers but also contributed in saving lives through ensuring better neonatal care across the network. ACI also agreed to sell their health products at specially discounted prices. The clinics can procure health products such as antiseptics, liquid soap, and sanitary napkins from nearby ACI warehouses at lower prices. ACI is also organizing handwashing training sessions for CSPs and paramedics to improve infection prevention practices, particularly in safe deliveries.

- b) *Akij Cement Ltd.* Smiling Sun clinics continued to serve 2,000 masons at Akij Cement Ltd, the country's fifth largest cement company. In addition to regular consultation services, masons and their families receive family planning counseling, contraceptives, tuberculosis (TB) screening, and EPI services free of cost to the customer at the clinics. The cost is borne by Akij Cement Ltd.

- c) *H&M* is one of the largest retailers in the world, with a significant manufacturing presence in Bangladesh. Three of its largest garment factories in Bangladesh have signed an agreement with SSFP to purchase a health service package designed specifically to serve factory workers. These services can be accessed at eight Smiling Sun clinics in the Narayanganj area. SSFP has so far provided orientation to about 1,200 H&M workers on Smiling Sun services. Information packages have been made available in each factory to inform factory management and workers about the terms and benefits of the health package.

- d) *LFMEAB.* SSFP signed an agreement with Leather-goods and Footwear Manufacturers and Exporters Association of Bangladesh (LFMEAB) on August 18, 2011, to provide health services to workers at different leather-goods manufacturing units under LFMEAB through Smiling Sun clinics. According to the agreement, LFMEAB will purchase consolidated health service packages from SSFP for the workers and floor management staffs at different factories. Workers and their families are now able to redeem their chosen package at clinics through health benefit cards issued by SSFP in coordination with LFMEAB. The service package includes four lab services along with 20 consultations per year per worker with three members from each family.

Infrastructure, equipment and operations. While some partners collaborate with SSFP to provide exclusive services to their members or employees, other partners offer operational infrastructure support to SSFP. SSFP intends to strengthen its existing partnerships while continuing to identify new potential partners.

- a) *Chevron*. Chevron Bangladesh Ltd. sponsors three Surjer Hashi clinics in Karimpur, Shastipur, and Kalapur in the Habiganj and Moulavibazar districts, paying for their operational expenses. Recently, Chevron transferred complete management of clinic operations to SSFP and continued to fund the clinics through a model similar to the one SSFP has with USAID. Chevron has repeatedly expressed satisfaction with improvements in clinic performance since the transfer of management to SSFP.
- b) *KAFCO*, a purely export-oriented international joint venture company, contributed US\$160,000 for full construction of the first Smiling Sun Maxi clinic with 30 beds in Anowara, Chitagong. KAFCO also contributed to purchase equipment for the clinic as part of its corporate social responsibility (CSR) activities. The new Smiling Sun clinic in Anowara began operations in February 2011. After visiting the clinic on September 12, 2011, Dr. Haldor Topsøe, a Danish industrialist, has promised to donate US\$50,000 to help purchase medical equipment. He has expressed interest in sponsoring an Electro Cardiograph machine, incubator, digital auto analyzer, digital X-ray machine, and other equipment for this clinic.
- c) *DBBF*. During the year, donated 320 Netbook PCs – valued at BDT 7,600,000, or approximately \$104,000 – as part of their CSR activities. This donation will help bring the Surjer Hashi Clinics under an Integrated Online MIS – a central data management system developed by SSFP during the last few months. Through this system, SSFP will be able to obtain real-time services and revenue data from the clinics. DBBF has also expressed interest in working with SSFP on other projects.
- d) *Citycell*, a local mobile phone operator, has donated to SSFP 150 Zoom Ultra modems to help the Smiling Sun network receive instant data from the clinic level. They also provided 170 more modems of the same specification at a specially discounted price. 'Citycell Broadband Service' will be utilized to transfer data captured at the clinic level. The data will be automatically updated at the recently developed Integrated Online MIS, a central data repository at SSFP.
- e) *Maersk*. Maersk Shipping Line has donated medical equipment equivalent to US\$3,000 to support Surjer Hashi Clinic in Cox's Bazar to replace old, over-used equipment. This is a crowded clinic and the poor conditions of the equipment jeopardized the status of the Smiling Sun clinic as a quality service provider. This donation of surgical equipment helped ensure that SSFP continues providing quality services to the local poor.
- f) *Define new partnership opportunities*. SSFP is in discussions with BanglaLink mobile operator to establish a health link with SSFP network and is in discussions with Tullow, an energy company, to set up a new clinic in Comilla.

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

- a) *Rollout pilot with SMS data transfer and Nokia.* Improving on the initial design developed by Frontline SMS, which had limitations handling high data volumes, SSFP recently developed a new SMS data transfer software adapted to its own information needs. SSFP has successfully tested the use of mobile phones for sending customer and service data online from satellite spots. This system will not only save time and enable access to data from remote areas of Bangladesh, but it will also serve as the foundation for a comprehensive customer database to improve tracking of community and individual health needs. The system was designed to synchronize data with SSFP's Integrated Online MIS. NOKIA, a leading handset manufacturer, donated the 130 mobile sets used in this pilot.

Special events. Special day observation is a part of community mobilization and demand generation among the community for different services on which SSFP is building awareness. During the fourth quarter, two international events were observed throughout the network. Each Surjer Hashi clinic organized different events in collaboration with the GoB and local organizations to observe the World Population Day on July 11, 2011, and the World Breastfeeding Week during August 1-7, 2011. In previous quarters, SSFP also observed World Health Day on April 7, 2011 and Safe Motherhood Day on May 28, 2011. Rallies, discussion meetings, exhibitions, health awareness and day-specific thematic message dissemination through community meetings using leaflets, posters, stickers, etc., were activities performed to observe those events. Surjer Hashi clinics provided specific services and special counseling to the customers on those days. SSFP also coordinated and collaborated with the GoB, especially with the Directorate of Health and Directorate of Family Planning and other development partners to observe those special days and weeks.

Assist NGOs to identify, nurture and secure local resources. By sharing examples and information about potential individual donors and experiences SSFP helped partnering NGOs to develop relationships with potential donors and secure individual donations in cash and in-kind to support clinic operations. SSFP organized a series of workshops on Local Resource Mobilization from September 14-29, 2011, in four divisional headquarters to capacitate NGO top officials and decision makers to explore and utilize opportunities for local resources. A total of 128 participants, including NGO contact persons, project directors, project managers, selected clinic managers and service promoters from all NGOs participated in the workshop. The objectives of the workshop were to orient NGO staff about the prospects and possibilities of local resource mobilization, identifying local resources, fixing strategies and utilization plan for local resources.

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. SSFP continued its effort to ensure that services to the poor are offered at satisfactory levels of quality and that resources are utilized as agreed upon in NGO-approved business plans. SSFP continued strengthening capacity and accounting practices and developing systems to enhance transparency. Contract management skills among grants and financial staff have improved at the franchisee level, resulting in faster and more accurate reporting.

Increasing network efficiency. SSFP provided franchisees with guidance on how to use existing resources more effectively, such as through the sharing of equipment or personnel across NGOs. During Year 4, SSFP strengthened its monitoring activities, provided project directors (PDs) with feedback on program income generation and operational expenses, and shared ideas and techniques regarding how to improve cost containment, client flow, and income generation.

Resource and information sharing. Sharing of resources and information is critical to helping partnering organizations and their clinics continuously improve quality of care and service delivery efficiency. This activity is implemented through the following means:

- a) *Clinic monitoring visits.* Clinic monitoring visits are a key activity for SSFP to ensure continuous quality improvement. During the fourth quarter, SSFP staff visited 47 clinics and reviewed financial compliance, clinical quality compliance, and marketing and communications interventions. In Year 4, SSFP staff completed a total of 272 clinic visits and provided coaching in the areas they supervised.
- b) *Conduct minor renovations and continue clinic maintenance.* SSFP conducts continuous monitoring to ensure that clinics are properly managed and maintained and that providers have the necessary resources in place to effectively prevent infections. Over the course of the year, SSFP has completed renovations ranging from painting and furniture repair to the building of a partition wall for privacy and installation of water basins for hand washing.
- c) *Quarterly performance review meetings.* SSFP conducted three meetings with NGOs during the year to review financial, service, and activity performance between February and September 2011 in accordance with the business plans. Project directors and FAM participated in these meetings. They were provided with feedback based on their performance.
- d) *Rationalization.* During the year, after formal evaluation, SSFP terminated its grant agreement with Fair Foundation and MMKS. Consequently, SSFP took over the management of the all 11 clinics and transferred project assets to PKS and CRC successfully. SSFP handed over six clinics of MMKS to two NGOs – VFWA and VPKA – for smooth operation and to maintain the transparency in the network. SSFP also guided the NGOs on how to utilize existing resources more effectively by sharing equipment (e.g. OT lights and ambulances) or personnel (e.g. monitoring officers) across NGOs. SSFP relocated seven OT lights and three ambulances to clinics that in some instances belonged to different NGOs.

Capacity Building. SSFP continued to provide training as one method of ensuring long-term sustainability.

- a) *Grants and Contract management.* SSFP continued to build its NGO staff capacity to manage grants and contracts. During July 24-25, 2011, SSFP organized a two-day orientation on RFA 003 and Business Planning for its partnering NGOs. The project

director, FAM, and MIS officer of all 27 NGOs attended the orientation program. The objectives of the RFA 003 and Business Planning Sharing Sessions were to continue successful operation of Smiling Sun clinics and NGO headquarters offices. Through this orientation on grants and business plan, SSFP assisted NGOs to develop their capacity to continue providing primary health services, maintain service access for the poor, and continuously improve quality of care. SSFP also supported NGOs to improve efficiency and manage costs more effectively.

- 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 has completed orientation on updating the Finance and Accounting Manual. NGO project directors and Finance & Administration managers subsequently disseminated the modifications to the all clinic managers and administrative assistants in the Smiling Sun Clinics.
- 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. SSFP continued with the training program emphasizing the network's integrated clinical services. During Year 4, SSFP organized and outsourced training for 754 personnel in different areas, including maternal health, child health, other reproductive health, family planning and counseling. Among them, about 78 percent (590) were female and 22 percent (164) were male. Clinical trainings have equipped the clinic staff with the required knowledge and skills to perform their responsibilities and ensure compliance with SSFP standards. A table summarizing clinical training for service providers is available in Annex B.
- d) *Continue refresher training on EmOC.* SSFP believes that appropriate and standard preparedness is a precursor for any future emergencies linked to maternal morbidity and mortality. During the year, SSFP organized refresher training on EmOC, CPR, and infection prevention (IP) for 73 medical officers and paramedics from EmOC clinics. Among the participants, 61 were female and 12 were male. They learned about clinical quality improvement emphasizing issues like documentation practices and use of checklist for rapid assessment of EmOC emergency preparedness.
- e) *Organize clinical workshop on infection prevention for medical officers and laboratory technicians.* IP is a critical component of SSFP's health care delivery programs. During the year, 171 professionals in the network received refresher training on IP among them 109 were male and 61 female.
- f) *LAPM training.* In collaboration with Mayer Hashi, a USAID project implemented by EngenderHealth, SSFP has started developing a pool of trainers for LAPM. Mayer Hashi has provided TOT (training of trainers) for a group of master trainers who are SSFP providers. The training focused on IUD and voluntary surgical contraception (NSV, Tubectomy) with the intention that SSFP service providers may extend the training to other NGO providers, private practitioners, and the GOB. During the year, two doctors, thirty-three paramedics, and one counselor received training on LAPM, IUD, counseling

and postpartum IUD from Mayer Hashi. This aligns with the growing interest of GoB in reinvigorating LAPM in family planning programs.

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. With this in mind, SSFP has started working on three studies to evaluate its model on: 1) relevance and impact of clinic-based quality circles; 2) usefulness of the business plan, and 3) perceived strength of the SSFP image and identity. SSFP has defined objectives of the studies, validated the hypothesis to be tested, developed tools and estimated resources needed to conduct the studies. This initiative is now pending USAID approval.

Declining Grants – Investment. The principle of declining grants in SSFP was, and has been, closely associated with the idea of network's financial sustainability. In this year, NGOs utilized increasingly large amounts of program income to defray operational expenses.

Program Income Plan Revision. In Year 4, SSFP made progress in the operations and finance areas by strengthening service delivery capacity and quality improvement efforts and solidifying ties with communities and clients.

Expected program income generation. As was the case in previous years, program income – revenues generated by service fees and third party contributors – is increasingly being used to defray operational expenses. Program income has been increased through additional service output, which implies an increase in clients and offering more services to that larger client pool. Compared to last year, network revenues increased, but did not reach proposed objectives. While SSFP increased service output, in general, it did not increase prices (in some organizations there was even a slight reduction which SSFP is still analyzing). However, fully equipping new EmOCs had been delayed because of delays in procurement. Thus, revenues that would have been generated through more deliveries and lab services did not materialize.

Grants Monitoring and Internal and External Audits. SSFP's Contracts and Grants team conducted an orientation at the beginning of Year 4 on new grant agreements for all project directors and FAMs. The objective of the orientation was to clear understanding on agreement clauses, reporting requirements, budget management, and utilization and management of program income.

The contracts and grants team continued the practice of conducting a thorough management review of the year for 27 NGO grants. NGOs received assistance completing the monthly financial reports with standard reporting and reconciliation format. Follow up on timely submission and potential problems is the key to effective grants management for a portfolio the size of SSFP's. This is made possible through these established tracking systems that are comprehensive yet streamlined. Monthly financial and reconciliation reports (MFRR) for all NGO franchisees have been reviewed up to July 2011.

a. Fair Foundation close out. As a result of a clearly identified breach of contract and a formal evaluation, SSFP terminated its grant agreement with Fair Foundation. Formal

close out procedures were conducted and the grant was effectively closed on November 3, 2010. As part of the close out, SSFP transferred project assets to PKS and CRC. PKS and CRC have successfully taken over the management of the all 11 clinics. All 11 clinics continued services to the targeted population with no interruption during the close out process.

b. MMKS close out. Also, for a clearly identified breach of contract, SSFP closed the grant agreement with this NGO. Formal close out procedures were conducted and the grant was effectively closed on October 6, 2011. As part of the close out, SSFP transferred project assets to VPKA and VFWA. Both NGOs have successfully taken over the management of all six clinics.

c. Internal and External Audits. The NGOs continued providing monthly financial reports using a standard reporting and reconciliation format. The MFRR up to July 2011 of all NGOs is completed. All observations, including questioned costs, will be communicated and settled accordingly. External Audit of program income earned and used was completed in July 2011. A draft report has also been shared with SSFP and pending for finalization.

During Year 4, SSFP conducted financial review for two NGOs by an external audit firm. SSFP provided relevant feedback, corrective action and follow up with NGOs to resolve the findings.

Computerized Management System. SSFP's MIS team has developed a new MIS to establish a central database (Oracle) system. The database will be housed and maintained online. Application Express, a mobile interface has also been integrated to capture satellite clinic information. SSFP and NGO staff members received an orientation on the Integrated Online MIS. Rolling out this system will allow SSFP to improve controls at the clinic level, increasing transparency and improving accountability. The new system will also improve data collection quality and the timeliness of reporting which will result in reduced expenses and greater efficiency.

The new SSFP system is a central data repository designed to capture, process and report on data. Through it, interested users may monitor and conduct data analysis, and even develop reports with system support. Data will be collected in real-time and once installed, SSFP or its stakeholders will be able to review collected data, perform trend analysis, and conduct socio-economic analysis that today is only possible with specific surveys.

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. SSFP clinics continued expanding access to health services included in the Essential Service Delivery Package (ESD), especially to the poor. SSFP also expanded the clinics' client base by promoting services, and by increasing capacity of the service providers to meet the emerging health needs of the population. This contributes to achieving a wider aim of ensuring that all SSFP clinics increasingly use installed capacity.

Expansion of service volume. During this year, SSFP continued implementing activities intended to increase the demand for services, which should result in higher clinic revenues. SSFP clinics render a considerable volume of services to the poor. The total service contacts in Year 4 were 53.76 million (including NID). This is an increase from 40.26 million in Year 3. Increasing client traffic and providing a broader range of high quality services is critical as satisfied clients are the best means to increase demand generation for SSFP.

Task forces. One of the most useful practices that SSFP follows is multidisciplinary task forces that focus on a single health subject or issues in the context of integrated health services. Task forces 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.

- a) *The maternal health task force.* An incentive plan for quality of care and sustainability of Maternal Health services was initiated in the SSFP network and continued until January 2011. The activities of the plan along with compiled data analysis were shared and discussed during all task force meetings as well as quarterly work plan review meetings. In addition, SSFP has undertaken ANC promotional campaigns during the Safe Motherhood Day to sustain the momentum gained so far. In addition, maternal health performance indicators are continually tracked to identify trends and variations in service demand so that successful initiatives can be replicated and deficiencies can address and corrected throughout the network. During the fourth quarter, the maternal health task force in conjunction with FTST prepared the EmOC assessment report and duly conveyed to respective NGOs for corrective actions with the aim of maintaining optimum quality standard during service delivery.
- b) *The child health task force* focuses on reducing the incidence and prevalence of low birth weight deliveries, malnourished children, and neonatal death due to asphyxia. During the year, the task force reviewed child health indicator performance on a regular basis and noticed that service contacts on pneumonia had decreased. The issue was discussed with project directors who could not assign any apparent cause of this downward trend. The decreased incidence of pneumonia, and consequently the decline in service contacts for pneumonia in Smiling Sun clinics, could possibly be attributed to the introduction of the Hib vaccine in 2009; however, this has not yet been confirmed in Bangladesh. The task force was also active in creating opportunities to mainstream nutrition interventions in the network through developing partnerships with experts in the area, such as Concern Worldwide and FANTA.
- c) *Family planning task force.* The family planning task force continued collaborating with EngenderHealth (EH) to train SSFP paramedics in three priority divisions: Sylhet, Barisal and Chittagong. In July, the task force organized a training workshop on LAPM Counseling and Promotion in Barisal as part of strengthening LAPM intervention in Surjer Hashi clinics in three low performing divisions (Chittagong, Barisal and Sylhet). The overall goal of the training workshop was to increase LAPM performance by refreshing service providers' knowledge on LAPM, orienting them on better counseling

and community mobilization techniques, and by dispelling misconceptions about LAPM. Dr. Rafiqul Islam, Deputy Director of Family Planning in Barisal praised SSFP's initiative for improving LAPM intervention in the area. The task force had several meetings with EH and finalized the plan of LAPM training for the final year of SSFP. Depending on training needs, EH will help SSFP in getting service providers from three low-performing divisions trained in LAPM. As part of the plan, EH will collaborate with GoB to obtain LAPM training for SSFP service providers working in other four divisions and they will also orient NGO Monitoring Officers on supervision and management of LAPM services.

- d) *TB task force*, with support from GFATM, continued collaborating with the National Tuberculosis Program (NTP) by enhancing the service delivery capacity of SSFP NGOs. To ensure the quality of care in SSFP's TB services, the TB task force regularly analyzed data and planned to reinforce or correct TB service delivery practices in SSFP clinics. The task force periodically participated in meetings with GFATM and NTP, and conducted training on MDR case management for SSFP partner NGOs to address the growing problem. During Year 4, the 56 SSFP clinics offering DOTS services served approximately 6,000 clients.
- e) *The diagnostic task force* supported the use of lab services as an element of quality of care. During the year, this task force helped NGOs to procure laboratory reagents at a discounted price. Through analyzing data, monitoring visits, and holding regular meetings, this task force was vigilant in maintaining the quality in lab services, ensuring client, and service providers' safety.

Service expansion in strategic health areas. In Year 4, SSFP continued expanding access for the ESD package health components focusing on family planning/reproductive health, maternal and child health and diagnostic services. In Years 3 and 4, SSFP upgraded 18 clinics from Vital to Basic and Basic to Comprehensive EmOC clinics. The SSFP network realized the benefits of those efforts in Year 4. The service contacts in safe motherhood, LAPM, and related diagnostic services has also increased. In the fourth year, 20,352 safe deliveries have been conducted in the network

- a. *Mainstream nutritional interventions into ongoing PHC in cooperation with USAID Food Security Initiative.* SSFP teamed with AED/FANTA and Helen Keller International (HKI) to integrate maternal and child nutrition services into SSFP programs. A memorandum of understanding was signed on June 9, 2011. As part of this activity, AED/ FANTA-2 and HKI assessed the status of nutrition service delivery in some selected clinics of SSFP and based on this they are going to develop strategy for nutrition program intervention across the network.
- b. *Promotional activities (IEC materials development) to increase LAPM services (NSV, Tubectomy, IUD, Implant).* This year SSFP developed job aids, fliers, folders, leaflets and posters in order to keep service providers updated on LAPM information. SSFP also disseminated updated information to target groups in order to motivate them to pursue LAPM. These communication materials have been developed with technical support from Bangladesh Center for Communication Programs (BCCP).

- c. *Regional training on “Helping Babies Breathe” for paramedics (home delivery and EmOC clinics).* In order to train medical officers and paramedics of Ultra clinics and home delivery clinics on managing birth asphyxia by bag mask ventilation, 285 paramedics and doctors were trained on the Helping Babies Breathe (HBB) curriculum, a neonatal resuscitation curriculum designed for resource-limited circumstances. This training was a part of the national scale-up program of the HBB curriculum, supported by the HBB project of Save the Children and Bangabandhu Sheikh Mujib Medical University (BSMMU) with financial support from USAID. The trainings were organized in 15 batches during August and September 2011 at Mohammadpur Fertility Services and Training Center and BSMMU.

Continue collaboration with other USAID implementing partners. SSFP continued strengthening its collaboration with other USAID implementing partners through improving, scaling up, and solidifying current interventions. As stated above, SSFP conducted LAPM training programs with the support of EngenderHealth’s Mayer Hashi; SSFP has also improved its capacity around nutrition intervention with the support of FANTA, and expanded the current memorandum of understanding with Family Health International’s (FHI) Modhumita to include child health services to sex workers.

ENC materials printing for Community Service Providers (CSPs). SSFP’s community service providers are playing a vital role to help mothers’ access services for newborn babies. To facilitate their activities further, SSFP developed and printed 2,300 ENC flipcharts for CSPs and distributed them to the NGOs. These are now being used by the NGOs.

Continue coordination with the Leaders of Influence (LOI) program. The Leaders of Influence is a USAID-funded program, managed by The Asia Foundation. During Year 4, SSFP facilitated the LOI by strengthening the referral tools used by Imams providing them with promotional materials and referral slips to encourage communities to use SSFP clinics. Over 2,000 LOI participants from Bangladesh and other parts of the world visited 22 Smiling Sun clinics in different areas of the country under The Asia Foundation’s LOI program. These visits have helped to establish solid ties between the SSFP structure and religious leaders and to increase customer referrals to the clinics.

Campaign. SSFP continued to communicate services availability, affordability and quality to those living in the clinic catchment areas. SSFP observed the World Breastfeeding Week during August 1 - 7, 2011 across the network aiming to ensure the breastfeeding of all babies up to the age of six months. At the local level, all Surjer Hashi clinics organized discussion meetings, rallies and distributed information materials to raise awareness on this life saving neonatal issue.

On Safe Motherhood Day, the Smiling Sun network undertook an awareness campaign on ANC/PNC and safe delivery services by organizing community-level Health Group meetings. SSFP partner-NGO FDSR observed a special service week for the poor across its 15 clinics during the month of Ramadan in August. The objective of this initiative was to enhance the performance of poor services as well as build up relations with the local community. A total of 2,083 poor were served during the week with medicines worth more than BDT 32,000 free of costs. Most of the events were attended by local administrative and health officials.

The Smiling Sun network also participated in the national Vitamin-A plus campaign which was launched on May 29, 2011. Children ages 1-5 years were given Vitamin A capsules and deworming tablets. This initiative resulted in the development of strong ties with local authorities. The Mayor of the Sylhet City Corporation, Mr. Badar Uddin Ahmed Kamran, launched this campaign at the Surjer Hashi Clinic in Sylhet.

Demand Generation. During the quarter, SSFP continued demand-generation activities that have proven to be successful in previous project years.

- a) *Surjer Hashi health groups.* Community mobilization is an essential part of each Surjer Hashi clinic to increase customer flow at the service delivery sites. Service promoters and community service providers (CSP) play a vital role in the community mobilization process. In order to extend the reach of the CSPs, SSFP designed and established community health groups named as Surjer Hashi Health Group (SHHG) with the satisfied customers as an influential group at the clinic and satellite spot level. During Year 4, SSFP provided training to clinic managers and service promoters to strengthen their knowledge and skills to establish the health group. SSFP established the health groups across the network as a way to better interact with clients, cultivate loyalty, create an environment that supports health-driven behavior change, and increase the use of health services in the Smiling Sun clinics. As of September 30, 2011, more than 8,900 SHHGs were formed and 196,521 members are included in those groups. The group meets on a monthly and weekly basis, as well as on days for special events.
- b) *Observance of National/International days linked with GoB and Service delivery.* Special observation days are an important element of the community mobilization activities that generate demand for different services while building awareness about health issues. During the fourth quarter, two international events were observed throughout the network: World Population Day on July 11, 2011, and World Breastfeeding Week on August 1-7, 2011. Rallies, discussion meeting, exhibition, health awareness and day-specific thematic messages were disseminated through community meetings using leaflet, poster, and stickers. Surjer Hashi clinics also provided special services in connection with the special days and counseling to the customers on those days. SSFP also coordinated and collaborated with GoB, especially with Directorate of Health and Directorate of Family Planning and other development partners to observe those events.

Seventeen partnering NGOs of SSFP have received the Best Performing NGOs Award in 2011 in 34 districts in recognition of their outstanding performance in family planning services at Surjer Hashi clinics. These awards are in addition to the three national awards distributed on World Population Day 2011. Among them, Swanirvar received the Best NGO award in seven districts while Kanchan Samity received in five districts. Both NGOs received national awards as well. BAMANEH received the award in three districts while CRC, PSKS, PKS, JTS and FDSR received the awards in two districts each. This is a testimony of their hard work and commitment to achieve a greater objective of creating a healthy and livable Bangladesh.

Maintenance of Quality of Care

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. During the quarter, SSFP continued investing in quality improvement, building on proven approaches such as the CQC and quality monitoring instruments, such as the quality database.

- a) *Improvement of Quality of Care.* As a part of Clinic Level Quality Circle activity, the clinic managers verify service delivery conditions with the support of a checklist designed for this purpose.
- b) *Monitor CLQC.* Clinic level quality circle is monitored by the monitoring officers of the NGOs and this is, in turn monitored by the clinical quality assurance specialist at SSFP level.
- c) *Continue quarterly clinical quality council meeting.* As stated above, the 15th Clinical Quality Council (CQC) meeting was held on September 27, 2011, and encompassed several issues related to technical facts and figures contributing to maintaining optimum standards in delivering quality clinical services to the customers. The overall assessment report pertinent to EmOC preparedness was shared with the participants.
- d) *Continue to review and finalize daily/weekly/monthly checklist.* As this is a regular activity conducted in conjunction with the Clinical Quality Council meeting, minor revisions were made to the checklist and procedure this quarter. For example, checklists are now being filled in on Fridays for EmOC clinics which was not earlier practiced.
- e) *Regular website update on quality.* This has been done regularly to disseminate information to the NGOs in the network and a broad audience on the current initiatives and context related to improving and maintenance of quality of care. For example, issues pertinent to improving quality of care in EmOC clinic preparedness, capacity building on Helping Babies Breath (HBB) and infection prevention practice as part of delivering standardized quality care have been communicated through the website.
- f) *Conduct external quality audit of 33 clinics.* The process of conducting external quality audits was started during Year 4. Following an advertisement published in local newspapers and website, a number of qualified medical doctors have been short-listed and interviewed for selection. A final list of the candidates has been sent to USAID for approval. Due to delays in the approval process, the activity has been deferred to Year 5.
- g) *Introduce mystery client method of assessing service quality into Smiling Sun clinics.* The mystery client method of assessment is intended to help SSFP understand the level of prevailing quality standards in the network and thus initiate appropriate steps to bridge potential quality gaps, and further improve the quality of Smiling Sun clinics. SSFP contracted Eminence, a health development agency, to conduct mystery clients method in some selected clinics. Eminence conducted this innovative approach of quality auditing in 49 static and 75 satellite clinics, shared the primary data with SSFP and delivered the final report in August 2011. The findings show some commendable quality of service delivery in the network along with recommendations for improvement in other areas.

MIS Maintenance

Finalize integrated web-based MIS. SSFP has begun implementing the Integrated Online MIS. User training for SSFP HQ, MIS Officers and PDs of NGOs has been completed. A total of 21 participants from SSFP HQ, 26 MIS officers and 27 NGO PDs participated in the training. FAMs and PDs have also been trained on the Online Business Plan. The new Integrated Online MIS is a data driven and role based online application for synchronizing, processing data and reporting on customer served, service statistics, projection of services, program income and program expenses. It also has an interactive dashboard to interact and share summary statistics among different stakeholders such as USAID, Chemonics, SSFP, NGOs, clinics, CSR Partners and many other external users.

The system has created a continuous learning environment about the USAID Smiling Sun Program. The system generates output for major operation plan indicators automatically and presents in statistical figures, graphics and charts. Its feedback system and qualitative program analysis are two significant tools for a complete cycle of program management. Its Business Analytics creates a competitive ground among NGOs and clinics for continued improvement in service deliveries.

The new MIS is a data driven online system, which needs continuous support from different levels. About 1,000 staff from 323 clinics needed to be trained for the implementation of the system at field level. Ground work and action plans for such training program have been completed.

Align QMS Database based on revised clinic observation tools and checklist. The seventh round of QMS tools have been revised by CQASs and accordingly aligned in the database for proper reflection.

B. Operations and Administration

Personnel. SSFP has continued to follow Chemonics' established personnel policies and procedures in recruiting and replacing staff members who have left the project. During the year turnover of staff was significant. A total of 19 staff members have left the project and 5 replacements have been made.

At the end of the year, a total of 13 professional positions remained vacant. Replacement of professional staff is one of the major challenges at the end of the project period to accomplish work planned per the schedule. A total of six professional staff members attended professional skill development training courses during the year.

Property Management

Procurement: During the year, SSFP completed procurement of a variety clinical equipment, air conditioners and generators for 12 EmOC clinics as per plan. All of the clinical equipment was FDA certified, where applicable. Availability of these equipment and also constant power supply provision will ensure quality service to the customers round the clock.

Fixed assets inventory has been updated and an annual inventory conducted. The inventory report developed includes information on the location and condition of the items.

C. Cross-Cutting Issues

Introduction. Gender, youth and anti-corruption are three critical factors that cut across several project elements and reflect underlying project values. SSFP continues to integrate approaches to addressing these cross-cutting issues in all activities.

Gender. SSFP continued expanding access to safe motherhood services and has ensured male involvement in birth planning through the Surjer Hashi Health Groups. During the year, SSFP amended the memorandum of understanding with Family Health International (FHI) to offer child health services to sex workers. With this agreement, female sex workers are now able to bring their children to healthcare facilities that do not discriminate or refuse them services because of their occupation.

Youth. SSFP continued working on service providers' attitudes towards young customers during routine monitoring visits.

Anti-Corruption. SSFP continued improving the capacity of the network to serve its clients better, while simultaneously denying space for corruption. During the year, SSFP terminated grant agreements with two NGOs on the grounds of lack of transparency. SSFP continued using the tools and methodologies that ensure proper use of resources and information to ensure transparency.

SECTION II. PERFORMANCE MONITORING PLAN

Franchise Performance Monitoring. In addition to SSFP staff visits, staff members from each NGO, including project directors, MIS officers and finance managers, visited each of their clinics at least once per year. During each monitoring visit, monitoring staff members visited one static clinic and at least one satellite clinic and captured detailed data about different areas, from clinical to financial, and marketing, using the comprehensive checklist developed by SSFP for this activity. All information is entered into the clinic visit database to flag key follow-up issues and guide subsequent visits. Following each visit, visitors prepare reports for future reference and follow up on the recommendations.

NGO contact persons and/or other members of NGO executive committee also visited clinics to review the performance and give suggestions for performance improvements and ensure GoB cooperation.

Continuous Monitoring of Activities/Implementation of Business Plans. SSFP engaged in efforts to ensure the effective and consistent utilization of business management tools through regular monitoring. SSFP continues investing resources and talent in improving existing tools and developing new ones. During this quarter, SSFP organized a performance monitoring meeting in which MIS data was thoroughly analyzed.

ANNEX A: PROGRAM INDICATORS

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4	
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
Program Component 1: Reduce unintended pregnancy and improve healthy reproductive behavior										
OP1	Couple-years of protection (CYP) in USG-supported programs (in millions of couple-years)	0.9	0.97	1.24	1.29	1.41	1.42	1.4	1.44	1.53
OP2	Number of people trained in FP/RH with USG funds	166	1,000	1,049	5,149	6,637	303	300	278	255
OP3	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	2.6	2.64
OP4	Number of people that have seen or heard a specific USG-supported FP/RH message (in millions of people)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OP5	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	2	1	0
OP6	Number of new approaches successfully introduced through USG-supported programs	0	1	5	9	5	8	5	2	2
OP7	Number of USG-assisted service delivery points providing FP counseling or service	15,201	15,368	14,954	15,400	14,698	15,400	15,413	15,500	15,242
OP8	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	5.0	5.02	5.0	5.27	5.29	5.3	5.025
OP9	Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	205	N/A	234 (175 for Norplant)	N/A	234 (175 for Norplant)	N/A	312 (181 for Norplant)	N/A	0
OP10	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	100	101	900	101	419	359	876 ¹	824
Program Component 2: Improve child survival, health, and nutrition and Program Component 4: Improve maternal health and nutrition										
OP11	Number of postpartum/newborn visits within 3 days of birth in USG-	8,000	8,400	12,714	13,985	15,094	15,383	22,431	24,500	23,270

¹ Target based on Y4 Work Plan Annex B: Clinical Trainings

	assisted programs									
OP12	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities (in millions of visits)	1.17	1.19	1	1.2	0.92	1.17	1.21	1.22	1.3
OP13	Number of people trained in maternal/newborn health through USG-supported programs	86	1,000	1,028	3,079	1,028	5,566	5,500	400	455
OP14	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,423	24,500	20,352
OP15	Number of people trained in child health and nutrition through USG-supported health area programs	2,549	2,800	971	8,055	971	120	115	200	222
OP16	Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs	8,000	8,400	12,714	10,209	12,709	11,230	16,704	18,375	16,872
OP18	Number of newborns receiving essential newborn care through USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,423	24,500	23,265
OP19	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	148,614
OP20	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	328,057
OP21	Number of children under 5 years of age who received vitamin A from USG-supported programs	351,648	369,230	233,355	395,077	1,465,954	351,648	2,990,398	2,000,000	3,019,240 (with NID)
										260,427 (w/o NID)
OP22	Number of cases of child (< 5 yrs) diarrhea treated in USAID-assisted programs (in millions of cases)	1.98	2.07	1.71	2.23	1.64	1.98	2.09	2.1	2.3

OP23	Number of health facilities rehabilitated	0	25	26	160	115	202	187	14	15
OP24	Number of people covered with USG-supported health financing arrangements (in millions)	7.18	7.99	7.3	8.29	7.33	8.61	12.37	8.94	7.364 ²
OP25	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs	N/A	0	0	0	20	0	54	0	0
OP26	USG-assisted facilities' provide staff with a written performance appraisal	100%	100%	100%	100%	100%	100%	100%	100%	100%
OP27	Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	100%	100%	100%	100%	100%	100%	100%
Program Component 5: Prevent and control infectious diseases of major importance										
OP28	Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas	Not Available	71	72	72	79	78	74	115	110
OP29	Number of people trained in DOTS with USG funding	44	17	17	100	111	62	74	47	40
OP30	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	70,000	70,000
OP31	Percent of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results	75%	78%	70%	80%	70%	82%	82%	85%	92%
Project Objective: Access to sustainable health services maintained and expanded										
OP32	Percent of cost recovery	25%	25%	31%	35%	32%	50%	41%	50%	41%
OP33	Percent of poor service contacts	26%	27%	27%	28%	26%	29%	31%	30%	31%
Performance Outcome 1: Smiling Sun Franchise manager established										
OP34	Smiling Sun Franchise Manager Established (Milestone Indicator)	0	1,2,3 , 4,5,6	4,5,6	6,7	2,4,78	6,7	6,7	8,9	N/A
	1. Franchisor registration complete									
	2. Management contract signed between contractor and franchisor									

² The decline in the Y4 achievement is due to a change in the calculation measuring service contacts rather than catchment area

	3. Board of directors and membership council established and meet regularly									
	4. Franchise systems, operating procedures, and standards developed									
	5. Franchise service package developed									
OP34	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									
35	Percent of external funds in SSHF budget (Result 1.1)	0%	5%	N/A	10%	N/A	20%	N/A	30%	N/A
36	Percent of NGOs complying with franchise standards (Result 1.2)	0%	100%	100%	100%	100%	100%	100%	100%	100%
37	Percent of NGOs receiving subcontracts from the Franchisor (Result 1.2)	0%	0%	0%	70%	N/A	85%	N/A	100%	0%
Performance Outcome 2: Sustainability of Smiling Sun Franchise strengthened										
38	Percent of franchisor's total budget paid by sources other than USAID	25%	30%	N/A	45%	N/A	70%	N/A	100%	N/A
39	Cost per service contact (in taka) (Result 2.1)	21.38	19.6	20.11	20.45	22.90	30	24.03	TBD	18.5
40	Percent of NGOs paying franchise fees from non-USAID sources (Result 2.2)	0%	0%	0%	30%	N/A	75%	N/A	100%	N/A
Performance Outcome 3: Smiling Sun Franchise expanded										
41	Total number of clinics (maxi, ultra, vital and mini; targets set by static and satellite)	319	335	319	319	320	319	323	319	323
		8,516	8,666	8,508	8,516	8,545	8,516	8,670	8,516	8,702
42	Percent of service contacts by franchise option (Result 3.1)	NA	NA	Vital-89% Ultra-11%	Vital- 90% Ultra-10%	Vital- 90% Ultra-10%	Vital-90% Ultra-10%	Vital- 90% Ultra- 10%	Vital- 90% Ultra- 10%	Vital- 90% Ultra- 10%
43	Total service contacts (in millions) (Result 3.2)	27.6	29.5	27.2	29.6	28.5	29.7	40.26	32.8	53.76 (with NID)

										32.726 (w/o NID)
44	Average composite quality monitoring system scores for clinics	N/A	90%	86 (score given by NGOs)	90%	90%	90%	90%	90%	90%
45	Number of clinics with a QMS in place (includes 323 static clinics and satellite teams) (Result 3.3)	319	836	638	957	640	957	1,285	957	960
Program Support										
OP46	Number of monitoring plans prepared by the USG	1	1	2	1	63	1		1	0
OP47	Number of institutions with improved Management Information Systems as a result of USG-assistance	0	30	29	29	29	29	28	29	27
OP48	Number of institutions that have used USG-assisted MIS system information to inform administrative/ management decisions	0	55	32	162	32	349	351	350	349
OP49	Number of people trained in monitoring and evaluation with USG-assistance	0	55	61	150	226	290	290	350	2,373
OP50	Number of people trained in strategic information management with USG assistance	0	165	212	480	313	290	290	300	2,373
OP51	Number of information gathering or research activities conducted by the USG	N/A	0	3	5	7	4	4	1	0
52	Total clients served (in millions) (Result 3.2)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

ANNEX B: CLINICAL TRAINING

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
Facility IMCI	11 days	Medical Officers and all Paramedics of each clinic	Medical Officers: 17	Paramedics : 107
TOT on Community-IMCI	6 days	At least one Paramedic and one Service Promoter of each SS clinic	Paramedics: 12	SP: 13
Refresher Training on EmOC & CPR	1 days	All Medical officers & Paramedics of Smiling Sun network EmOC clinics.	MO: 37	PM: 61
Refresher Training on IP	1 days	All Medical officers & Lab. technician of Smiling Sun network.	MO: 75	Lab. Tech: 139
FPCSC	12 days	Paramedic of each SS clinic	Paramedic: 102	
Implant	3 days	At least one Medical Officers and one Paramedic of each Implant offering SS clinic	Medical Officers: 5	Paramedics : 5
NSV	8 days	At least one Medical Officers and one Paramedic of each NSV offering SS clinic	Medical Officers: 4	Paramedics : 5
Tubectomy	12 days	At least one Medical Officers and one Paramedic of each Tubectomy offering SS clinic	Medical Officers: 3	Paramedics : 3
Other Reproductive Health	6 days	Paramedic of SS clinic	Paramedic: 102	
Safe Delivery	21 days	Medical Office and Paramedics of Safe Delivery and Home Delivery unit of SS clinic	Medical Officers: 0	Paramedics : 29
Counselling	3 days	Counsellor of each SS clinic	Counsellor: 13	
STI/RTI	5 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 15	Paramedics : 37
TB Management Training	6 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 20	Paramedics : 0
Laboratory Training	6 days	Laboratory technician	Laboratory technician: 20	