



**USAID** | **BANGLADESH**  
FROM THE AMERICAN PEOPLE

# SMILING SUN FRANCHISE PROGRAM

**ANNUAL PROGRESS REPORT  
OCTOBER 01, 2011 – SEPTEMBER 30, 2012**

**October 2012**

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International Inc.

# SMILING SUN FRANCHISE PROGRAM

**ANNUAL PROGRESS REPORT  
OCTOBER 01, 2011 – SEPTEMBER 30, 2012**

**Contract No. 388-C-00-07-00110-00**

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.

# CONTENTS

Acronyms .....	i
Executive Summary .....	1
Section I. Year Five Work Plan .....	2
A. Technical Activities .....	2
Performance Outcome 1 .....	2
Performance Outcome 2 .....	9
Performance Outcome 3 .....	13
Performance Outcome 4 .....	20
B. Operations and Administration .....	22
C. Cross-Cutting Themes .....	23
Annexes	
Annex A. Program Indicators .....	24
Annex B. Clinical Training sessions .....	28
Annex D. Health Facilities Rehabilitated .....	30
Annex E. Clinics with Stockouts .....	32
Annex F. Lab Expansion .....	34
Annex G. Membership Council meeting notes .....	35
Annex H. Deliverables Matrix .....	36
Annex I. Success Stories .....	40

## ACRONYMS

ADB	Asian Development Bank
ACI	Advanced Chemical Industries
AITAM	Associates in Training and Management
AMTLS	Active Management of Third Stage of Labor
ANC	Antenatal Care
ARI	Acute Respiratory Tract Infection
BAMANEH	Bangladesh Association for Maternal & Neo-natal Health
BCC	Behavior Change Communication
CBSG	Capacity Building Services Group
CDD	Control of Diarrheal Disease
CLQC	Clinic Level Quality Circles
CQC	Clinic Quality Council
CSP	Community Service Provider
CWFD	Concerned Women for Family Development
DG	Director General
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
DTC	District Technical Committee
EPI	Expanded Program of Immunization
EmOC	Emergency Obstetric Care
ESD	Essential Services Delivery
FAM	Finance and Administrative Manager
FANTA III	Food and Nutrition Technical Assistance III
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
ICMH	Institute of Child and Mother Health
IMCI	Integrated Management of Childhood Illnesses
IQS	Indefinite Quantity Subcontract
IT	Information Technology
IUD	Intrauterine Contraceptive Device
JTS	Jatiya Tarun Sangha
KAFCO	Karnaphuli Fertilizer Company
LAPM	Long Acting and Permanent Methods
LGRD	Local Government and Rural Development
MC	Membership Council
MCH	Maternal child health
M&E	Monitoring and Evaluation
MH	Maternal Health

MIS	Management Information System
MMR	Maternal Mortality Rate
MO	Monitoring Officer
MoHFW	Ministry of Health and Welfare
MoU	Memorandum of Understanding
NGO	Nongovernmental Organization
NID	National Immunization Day
NSV	No Scalpel Vasectomy
OGSB	Obstetrical and Gynecological Society of Bangladesh
ORS	Oral Rehydration Salts
PAC	Program Advisory Committee
PD	Project Director
PDSA	Plan-Do-Study-Act
PIP	Program Income Plan
PNC	Postnatal Care
PPIUD	Postpartum Intrauterine Contraceptive Device
PPP	Public-Private Partnerships
PSTC	Population Services and Training Center
QMS	Quality Monitoring System
RTI	Reproductive Tract Infection
SMC	Social Marketing Company
SMIC	Safe Motherhood and Infant Care
SSFP	Smiling Sun Franchise Program
SSKS	Sylhet Samaj Kalyan Sangstha
SHHG	Surjer Hashi Health Group
SP	Service Provider
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Training of Trainers
UPHPC	Urban Primary Health Care Project

## EXECUTIVE SUMMARY

The Smiling Sun Franchise Program (SSFP) had a successful and vigorous Year 5 in terms of project management, service delivery, and impact, achieving 16 of its 18 deliverables (see Annex H). SSFP provided more than 30 million service contacts (without NID), with 33 percent of service contacts to the poor. It also achieved 1.61 couple-years of protection (CYP), provided more than 22 thousand safe deliveries, and provided 8.8 million service contacts to children. Also noteworthy, SSFP exceeded annual targets for clinical training, thereby ensuring high quality services.

SSFP strengthened its Membership Council during the year. Through this consultative body, NGOs have an increased sense of ownership and participation in the network. During five meetings, the Membership Council provided guidance on ten policies and strategies including finalizing the TOR for the Membership Council. SSFP also strengthened ties with the Government of Bangladesh (GoB) by organizing urban health coordination meetings on behalf of the government. Further, SSFP involved GoB officials in high-level program events such as the Public-Private Partnership Conference, Anowara Clinic launching, and launching of the Online MIS and Accounting System. Equally important, SSFP continued to receive support from strategic partners. The program was successful partnering with the Underprivileged Children's Educational Program (UCEP) to provide health services to UCEP students and their families.

To complement nutrition activities as laid out in the Health Population Nutrition Sector Development Plan (HPNSDP), SSFP worked with FANTA III to include nutrition activities in 30 selected clinics. This partnership and implementation of essential nutrition activities (ENA) will contribute to the country's child health and malnutrition.

Throughout the year, SSFP upgraded 13 clinics to emergency obstetric care centers (EmOCs). This long-term investment in the network has recently started to show results in the final quarter of Year 5; after 13 EmOCs were launched, the number of safe deliveries increased from 1,571 in June, to 2,033 in August, and 2,710 safe deliveries in September. SSFP will work with NGOs to continue this upward trend through the extension period.

SSFP also launched its new online MIS and Accounting system in Year 5. Over the course of the year, SSFP finalized the software, distributed netbook computers, and trained all users of the network so that NGOs would be able to generate electronic reports and keep computerized accounting systems.

Finally, a baseline self-assessment of the institutional capacity of NGO partners was conducted in the first quarter, which informed a network-wide capacity building plan and training sessions for the year. Through implementation of this plan, SSFP has made great strides in increasing the capacity of local network NGOs. Now, at the end of Year 5, five NGOs have completed the training and deliverables established by SSFP and are ready to be considered to receive direct USAID funds.

## SECTION I. YEAR FIVE WORK PLAN

### A. Technical Activities

#### A1. Performance Outcome 1: Functionalize and strengthen the established “Governing Council”

**Introduction.** During the first four years, SSFP institutionalized three governing bodies consisting of representatives from various stakeholder groups: the Membership Council, the Program Advisory Committee, and the Clinical Quality Council. Together, these three bodies constitute the Governing Council, which is intended to bolster the sense of ownership and participation of NGOs in the network. During Year 5, SSFP continued strengthening the Governing Council and increased coordination with the Government of Bangladesh (GoB), as well as other stakeholders, by advancing advocacy activities targeting local authorities.

##### i. Functionalize and Strengthen the Established Governing Council

*Membership Council (MC).* During Year 5, SSFP organized five meetings of the Membership Council, a consultative body comprised of chairpersons and executive directors from all network NGOs. Meeting minutes from the fifth meeting, held on July 8, 2012, are included in Annex G.

Over the year, the MC provided guidance on 10 policies and strategies:

- Policies:
  1. Set the policy on how often the council will meet for the remainder of the year.
  2. Set the policy to hold two division-level advocacy meetings.
  3. Established the District Technical Committee (DTC) approval should be for five years instead of two years.
  4. Agreed on the terms of reference for the MC.
  5. Agreed to increase maternity leave for Surjer Hashi clinic staff to 16 weeks per the labor law of the country and permit the appointment of short-term staff to cover the vacancies.
  6. Decided that program income should not be transferred between the NGOs.
- Strategies:
  1. Responded to a GoB circular on fees for NGOs and sought a waiver to this circular.
  2. Provided feedback on findings from the baseline capacity building assessment presented by Capacity Building Services Group and Panagora Group.
  3. Reexamined the benefits of keeping the SSHS trust and will seek legal counsel to advise on this matter.
  4. Made a provision to allow NGOs to charge a management cost.

*Program Advisory Committee (PAC).* SSFP organized a PAC meeting on September 23, 2012, where the PAC discussed the program’s progress and approaches to enhancing sustainability of the program’s successes. Meeting attendees included members of the GoB and international and local organization representatives who provided advice and ideas to help SSFP achieve its objectives. During the meeting, SSFP highlighted project achievements to date and presented a summary of the Year 6 work plan.

*Clinical Quality Council (CQC).* During Year 5, SSFP conducted one CQC meeting each quarter with NGO monitoring officers. Agendas for the CQC meetings included discussions on the life cycle approach to address the gap in continuum of care; the concept of brand and identity and their relationship to quality; and prevention of post-partum hemorrhage through the use of Active Management of Third Stage of Labor (AMTSL) in clinics and Misoprostol for home deliveries. During the most recent CQC meeting held on September 30, 2012, attendees received an updated *Manual on Quality Management System* to ensure NGOs have guidelines and tools needed to maintain the network's quality of care. SSFP also shared key findings from the *External Quality Audit Report 2012* and heard recommendations on how the network could address areas of improvement. To encourage participation as well as exchange ideas and best practices, SSFP invited NGO monitoring officers to present and facilitate discussions on clinical quality issues affecting their NGOs. Four NGO monitoring officers delivered presentations on various topics, such as how to ensure accurate reporting on TB performance.

## **ii. Policy and Advocacy with GoB**

*Continue interaction with MoHFW/DGHS/DGFP policy makers and staff.* SSFP continued developing productive relationships with the Ministry of Health and Family Welfare (MoHFW), Ministry of Chittagong Hill Tract (CHT) Affairs, Local Government Division, Directorate General of Health Service (DGHS), and the Directorate General of Family Planning (DGFP). SSFP identified program liaison officers to advance specific programs such as immunization coverage, LAPM, reproductive health, safe motherhood and expanded access to important programs such as demand side financing (DSF).

*Conduct joint clinic visits with policy makers and GoB officials.* SSFP has found joint clinic visits to be an effective way to advocate for the network and to strengthen ties with the local and central GoB officials. In Year 5, government officials and policymakers made several joint visits to Smiling Sun clinics. The secretary of the ministry of CHT affairs, the additional secretary of the MOHFW, the director of the DGFP, and line directors jointly visited Smiling Sun clinics with SSFP staff. Additionally, division, district, and upazila level officials of both the health and family planning directorate visited Smiling Sun clinics.

*Briefing meetings with District/Division-level Health and Family Planning Officials.* During its fifth year, SSFP held and participated in meetings with government officials and identified potential areas for collaboration at the local level. As part of this advocacy effort, SSFP also instructed NGO program directors to contact all upazila authorities to coordinate health activities and keep them apprised of program performance. Over the past 5 years, SSFP and network NGO staff facilitated approximately 95,300 meetings of local level authorities and reported out on SSFP activities. In the 5<sup>th</sup> year, more than 14,100 meetings were held.

*Briefing meetings with Local Government and Rural Development (LGRD) and City Corporations/UPHCP for urban health service.* In light of the rapidly changing demographic landscape of Bangladesh and continuous migration from rural areas to the urban centers, the GoB has put a special emphasis on the improvement of urban health service delivery. Therefore, it has been essential for the program to develop stronger relationships with City Corporation authorities. By engaging NGO project directors in these efforts, SSFP ensured continuous collaboration at all levels. As a result of these efforts, the government requested that SSFP take

over the operation of two clinics funded by the Asian Development Bank in the Madhabdhi Municipality (see below).

*Advocacy efforts to support CHT expansion.* During Year 5, SSFP began full-fledged operations in the Chittagong Hill Tracts with three clinics and approximately 40 satellite sites. Introducing services into a specially administered area requires continuous support from local and central authorities. At the request of the Ministry of CHT Affairs, SSFP organized an NGO coordination meeting on July 18, 2012, aimed at strengthening coordination and services among the NGOs working in the health and family planning sector in the CHT. Mr. Naba Bikram Kishore Tripura, Secretary of the Ministry chaired the meeting, which was attended by government officials from DGHS and DGFP of three Hill Districts. On April 2, 2012, his Excellency U.S Ambassador of Bangladesh Dan W. Mozena and Mr. Dipankar Talukdar, MP, Honorable State Minister, Ministry of CHT Affairs, launched the online MIS and accounting system in Rangamati, a remote hill district of the country.

### **iii. Partnership with GoB**

*Partnering with Madhabdi Municipality.* During Year 5, SSFP built upon four years of productive partnership with the GoB. On May 30, 2012, SSFP attended a meeting at the Ministry of Local Government and Cooperatives in which the ministry encouraged SSFP to take over the operation of 15 ADB-funded clinics in Saver, Bogra and Madabdhi Municipalities. SSFP conducted a situation analysis of these 15 clinics by first meeting with the mayor of each municipality and then looking at the needs of the area, costs of operation for each clinic, and expected improvement in health outcomes. Following discussions with local government officials and USAID, SSFP agreed to assume operation of two clinics in Madhabdi. During Year 6, SSFP will add two static clinics and 11 satellite sites to the Smiling Sun network. Through these clinics and satellites in Madhabdi, SSFP expects to provide an additional 9,000 service contacts and 7,000 customer contacts each month.

*Demand side financing.* During Year 5, SSFP continued to participate in the government's demand-side financing (DSF) program at nine Smiling Sun clinics. Through DSF, the clinics help poor pregnant women receive cash aid to access proper health care. This financial support covers transportation, consultation, and delivery-related expenses. This program has supported approximately 3,500 pregnant women who each received in cash either BDT 300 for normal delivery or BDT 6,000 for cesarean sections to cover healthcare needs and BDT 5,000 for transportation costs.

### **iv. Program Communication**

*Communication materials and tools.* SSFP routinely disseminated informational 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 in topics, such as health networks, socially- and market-driven health service delivery, health equity and financing, and health systems.

- *Quarterly newsletter development and distribution.* The quarterly newsletter informed interested audiences on program progress and latest developments. During Year 5, SSFP prepared four newsletters. To date, SSFP has prepared 14 quarterly newsletters in Bangla in

both print and electronic formats. The newsletters were distributed by mail to all stakeholders and made available to the general public on SSFP's website.

- *Program website update.* SSFP continued to regularly update its website with recent events and relevant stories during Year 5. The program website attracted individuals who are globally interested in program news, success stories, TV ads, and other communications pieces. Additional information about clinic locations, network NGOs, and services offered was also available. Network NGOs used the website to access the online MIS system as well as information on quality improvement, such as management tools, guidelines, manuals, quality of care scorings, and service statistics information.
- *Weekly news briefs.* Weekly news briefs are important communications pieces which keep the entire network and USAID updated about the project's recent events and achievements. During Year 5, SSFP produced about 50 weekly news briefs describing various major events occurring within the network.
- *Reports and deliverables.* In accordance with contract requirements, SSFP submits quarterly, financial, and consultant reports in a timely manner. In addition to these reports, SSFP has been preparing the final report, which will highlight outcomes and impact during the life of the project. During Year 5, SSFP also developed the following special reports with assistance from external research consultants: the *External Quality Audit 2012* (see page 18) and the *Focus Group Discussion Report: A Preliminary Assessment of ANC, PNC, and Newborn Care Services of Smiling Sun Clinics*.
- *Publication of Success Stories.* Throughout the project, SSFP has generated numerous success stories describing successful project interventions that help showcase the project's impact on the lives of its beneficiaries. During Year 5, SSFP generated nine success stories including one story on CSPs and another on Surjer Hashi Health Groups that were developed in the fourth quarter (see Annex I). The project compiled all the success stories from Years 1 to 5 and published them in a booklet entitled *The Tales of Change, the Second Edition*.
- *Develop legacy documentation and dissemination strategies.* SSFP has been preparing a multimedia report, summarizing project outcomes and impact during Years 1 to 5 to be disseminated to stakeholders. The report reflects the project's evolution, its best practices, and lessons learned. SSFP engaged a videographer and photographer to visually document the project's work as part of this effort; two videos on the MIS system and the work of CSPs respectively were completed in July. The interactive multimedia report will be finalized in the first quarter of Year 6 and presented at the closeout event.

*Engaging the media to promote SSFP's work.* In Year 5, SSFP maintained a structured and integrated communications approach, including reaching out to media outlets to promote healthy behaviors and practices as well as the health services available from the Smiling Sun network. SSFP engaged journalists from Dhaka and Chittagong in promotional events such as the Anowara clinic launch in Chittagong, the launch of the integrated online MIS and accounting system in Rangamati, and the Public-Private Partnership Conference in Dhaka. Additionally, in the first quarter of Year 5, SSFP collaborated with the media to disseminate messages on proper hand washing techniques to prevent diseases during the Hand Washing Campaign. A Bangla newspaper published a two-page supplement as a result of roundtable discussion held during the Hand Washing Campaign. Also, during Safe Motherhood Campaigns, held in May and September 2012, SSFP broadcasted a TV commercial on antenatal care services (ANC) at Surjer

Hashi clinics on Channel-I, ATN Bangla, and Independent News channels. The September campaign resulted in a 20% increase in ANC services in September from the previous month.

#### **v. Brand Management**

The Smiling Sun brand provides a strong foundation to achieve social and health objectives. SSFP's extensive, loyal client has increasingly become an important communication vehicle; satisfied customers inform their friends and family about the quality services they received and encourage them to visit Smiling Sun clinics.

*Strengthening the brand of Smiling Sun.* In the second quarter of Year 5, SSFP's brand and service promotion specialist visited 36 clinics to monitor the brand image of the network and provide guidance to ensure compliance. SSFP provided guidance to several clinics in Dhaka, Chittagong, and the Chittagong Hill Tracts on how to improve the clinics' appearance. Additionally, USAID's Program Office provided recommended revisions to the Smiling Sun's brand manual in June 2012; SSFP subsequently incorporated and published an updated version to implement the recommended changes across the network. This resulted in an improvement to the clinics' main signage, satellite spot signage, satellite banners, and clinic branding.

#### **vi. Private Sector Partnerships**

Private sector partnerships have been an important resource for the Smiling Sun network throughout the life of the project. Highlights from Year 5 include the Public Private Partnership conference held in Dhaka on January 10, 2012, and a new partnership with the Underprivileged Children's Educational Program (UCEP) Bangladesh. Continued support from existing partners helped SSFP serve a vast number of clients and improve operational capacity. In total, SSFP leveraged US \$4.2 million of public and private financial resources (as reported under indicator OP8) during Year 5.

*Fees for service.* Fees-for-service agreements are an essential element in increasing the financial sustainability of network NGOs by improving their ability to subsidize clinics and serve more poor clients. The following partners actively supported clinic services:

- *H&M.* In Year 5, SSFP extended an agreement with three of H&M's largest garment factories in Narayanganj. These agreements were extended until September 30, 2012 to continue providing 15,000 factory workers and their families with access to primary health care services at eight Smiling Sun clinics. During the year, SSFP held nine meetings with H&M and factory management to design and implement an action plan to increase service contacts among workers and to evaluate H&M's health program with SSFP. Bamaneh and JTS, the two network NGOs that manage the eight Smiling Sun clinics in Narayanganj, implemented several initiatives from the action plan to increase garment worker registration and the number of service contacts. This included conducting 15 satellite and seven BCC sessions, marketing the H&M health program to more than 2,000 workers at six events, and extending clinic operating hours on Fridays. In Year 5, SSFP leveraged a total of BDT 631,118 from its partnership with H&M. A total of 644 workers registered themselves and their family members in Year 5 to receive health services from Smiling Sun clinics.
- *Akij Cement Ltd.* In Year 5, SSFP continued its partnership with Akij Cement Ltd., the country's fifth largest cement company. Akij and Smiling Sun clinics organized

approximately 45 sessions across Bangladesh to introduce health benefit cards and register masons. Beneficiaries receive regular consultation services, family planning counseling, contraceptives, tuberculosis (TB) screening and EPI services for free at Smiling Sun clinics. In Year 5, there were 4,200 masons and their families who registered for health benefit cards, which has increased more than two-fold from Year 4. In Year 5, more than 900 masons and their family members received a total of 2,573 services, including ESD and lab services.

- *Cemex Cement Ltd.* After several discussions with Cemex in Year 5, SSFP established a satellite site near the CEMEX factory in July 2012. This serves factory workers and the adjacent community in the Narayanganj district. SSFP completed a household survey with participation from community leaders and factory employees to map the catchment area. A total of 600 households were identified, of which 200 households are considered ‘poorest of the poor (POP).’ Cemex provided funding to the Smiling Sun clinic in Naryanganj to hold day-long satellite sessions on a monthly basis with a team of three doctors and one paramedic. CEMEX also supplied additional funding for medicines to support the 200 POP households. The satellite team conducted health awareness sessions, distributed BCC materials, and gave presentations, which were attended by approximately 500 community members.

*Infrastructure, equipment, and operations.* Support from the following partners helped to provide important funding for SSFP operational infrastructure:

- *Chevron Bangladesh Ltd.* Chevron sponsors three Surjer Hashi clinics in Karimpur, Shastipur, and Kalapur, which are located in the Habiganj and Moulavibazar districts, by paying for their operational expenses. In Year 5, SSFP renewed the agreement with Chevron to continue operational funding from October 2011 to September 2012 with SSFP managing clinic operations. Chevron provided an additional BDT 11,072,294 to cover operational costs, capital expenditure, and revolving drug fund expenses for this period. They also launched an ultrasonogram service, which resulted in 94 new ultrasonogram service contacts this year. Chevron’s support enabled the clinics to provide 101,531 service contacts of which approximately 30% were to the poor.
- *Advance Chemical Industries (ACI) Ltd.* SSFP partnered with ACI in October 2011 for the hand-washing campaign. ACI contributed leaflets, banners, posters, stickers, and soap to the campaign. Additionally, ACI sponsored the roundtable discussion and a national newspaper supplement and organized training programs on hygiene promotion for community service providers (CSP). The training sessions enhanced CSP capacity to promote health seeking behaviors to the community and provided opportunities for CSPs to leverage their earning by selling ACI products. During SSFP’s quarterly review meeting on March 20, 2012, ACI gave a presentation to CSPs in Khulna for promoting sanitary products. Additionally, ACI’s consumer brand section contributed 3,200 gift hampers (containing a towel, liquid antiseptic, antiseptic cream, soap bar, and hygiene guidelines) to help mothers use safe and hygienic practices for newborn care. SSFP distributed these hampers at 47 ultra clinics on Safe Motherhood Day. In total, ACI contributed BDT 2,466,900 to SSFP in Year 5.
- *Dutch Bangla Bank Ltd. (DBBL).* In Year 4, DBBL agreed to donate 320 netbooks to SSFP to help implement the online MIS and accounting system. During Year 5, these netbooks were distributed to network clinics as the new system was rolled-out. On April 2, 2012, Mr. Sayem Ahmed, Chairman of the Executive Committee of the Board of Directors of Dutch-

Bangla Bank Ltd. attended the launch event for the online MIS and accounting system in Rangamati. Additionally, SSFP is in discussions with DBBL on the possibility of donating additional equipment for the network including back-up netbooks and additional netbook batteries in Year 6.

- *Contribution of medical equipment by Dr. Haldor Topsoe.* Dr. Haldor Topsoe, a board member of KAFCO, visited the Surjer Hashi clinic in Anowara on September 12, 2011. Following this visit, he committed to donate medical equipment to the Anowara clinic which was received in July 22, 2012. This included a digital X-ray machine, digital auto-analyzer, ECG machine, mobile ultrasonogram machine, ambulance, and two air conditioners, valued at approximately US\$50,000.
- *Karnaphuli Fertilizer Company.* In Year 4, KAFCO, an export-oriented international joint venture company, contributed US\$160,000 for the construction of the Surjer Hashi Clinic in Anowara, Chittagong, to be managed by FDSR. On April 1, 2012, His Excellency US Ambassador to Bangladesh Dan W. Mozena launched the Surjer Hashi clinic, along with GoB senior health officials and KAFCO senior management. This 30-bed clinic provides comprehensive health services to the community of approximately 350,000 people living in the coastal areas of Anowara upazila. In Year 5, KAFCO also donated an ambulance to the Anowara clinic. The new Nissan ambulance is valued at US\$43,000 and is fully equipped with emergency equipment to transport critically ill patients to the clinic.
- *Pharmaceutical companies.* In Year 5, SSFP renewed agreements with 10 pharmaceutical companies: Beximco Ltd., Square Pharmaceuticals Ltd., Aristopharma Ltd., Renata Ltd., Jayson Pharmaceuticals Ltd, Medimet Pharmaceuticals Ltd, ACI Limited, The Acme Laboratories Ltd., Oponin Pharma Ltd., and Incepta Pharmaceuticals Ltd. The 10 pharmaceuticals provide SSFP with a 22% discount on the market retail price of medicines distributed throughout the network. These agreements result in a substantial savings for the clinics and ensure that customers pay low prices for quality medicine from Smiling Sun pharmacies. SSFP has generated a net income of BDT 30,600,000 in Year 5 as a result of the discounted medicines.

*Conference on Promoting Public-Private Partnerships (PPPs).* SSFP organized a “Public Private Partnership Conference” on January 10, 2012, to promote PPPs in the health sector and share SSFP’s experiences and lessons learned. USAID/Bangladesh Mission Director, Richard Greene, chaired the event with Dr. Captain (Retd) Mozibur Rahman Fakir, State Minister of Health and Family Welfare, as the chief guest. Additional special guests included Md. Humayun Kabir, the Senior Secretary of the Ministry of Health and Family Welfare; Mr. Naba Bikram Kishore Tripura, Secretary of the Ministry of Chittagong Hill Tracts Affairs; and Mr. AMM Neazuddin, Director General, Directorate General of Family Planning. In his address, Dr. Captain (Retd) Fakir stated that GoB, NGO and private sector partnerships were a priority of the government health program, particularly for family planning services in urban slums and underserved areas in Sylhet, Sunamganj, and Chittagong. This event underscored the importance of the Global Health Initiative in Bangladesh, which promotes strategic public private partnerships to increase host country ownership and sustainability.

**A2. Performance Outcome 2: Increased and Efficient Service Delivery - 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 activities to increase efficiency in service delivery through systems enhancements, increased monitoring of grants, and program income generation with the goal of reducing long-term reliance on USAID funding. In Year 5, SSFP continued to support the NGOs to provide quality health services and effectively use resources as specified in their respective business plans.

**i. Increasing Network Efficiency**

SSFP continuously encourages NGOs to efficiently use existing resources by sharing personnel resources and equipment across clinics and NGOs. In Year 5, SSFP strengthened its supportive supervision techniques, provided program directors with feedback about program income generation, operational expenses, and shared ideas and techniques on how to improve cost containment, client flow, and income generation.

*Clinic monitoring and information sharing.* The following activities helped network NGOs and clinics to continuously improve performance in terms of the quality of care provided and the efficiency of service delivery.

- *Clinic monitoring visits.* Clinic monitoring visits are a fundamental activity for SSFP to ensure efficiency and quality improvement. This year, staff of SSFP's Network Operations Team visited 274 clinics and NGO headquarters to conduct reviews on financial compliance, clinical quality compliance, marketing, communication, and clinic maintenance. These visits enable clinic staff to be more efficient through simple yet effective mentoring.
- *Minor renovations and continued clinic maintenance.* Continuous monitoring helps to ensure that clinics are properly maintained and that necessary elements are in place to effectively prevent infections. SSFP completed maintenance of 49 clinics, which included painting, repairing furniture, and installing partitions for audio-visual privacy and water basins to ensure providers wash their hands (see Annex D).
- *Quarterly performance review meetings.* In Year 5, SSFP organized four quarterly performance review meetings in Dhaka and Khulna with network NGO project directors, MIS officers and finance and administration managers. The objective of the meetings was to review key financial and service performance indicators for each NGO and compare projections with actual expenses, income, and achievements. The meetings are also opportunities to provide refresher training sessions on topics, such as the use of Surjer Hashi Health Groups as a community mobilization tool.
- *Roll out of the online MIS and accounting system.* This year, SSFP began implementing the online MIS and accounting system. By transferring the Smiling Sun network from a paper-based to electronic system, SSFP will help to improve the accuracy in reporting (see page 19 for more information).

*Centralized procurement.* In Year 5, SSFP continued its private sector partnerships with 10 pharmaceutical companies receiving medicine at a discounted rate for the entire network (see page 8). SSFP negotiates the discounted rate with the pharmaceutical companies on behalf of the network, and clinics procure directly from the companies based on their needs. This centralized procurement ensures that the entire network enjoys the same benefits and that all Smiling Sun clients pay the same low price for quality medicine.

*Stockouts.* SSFP provides guidelines to clinics on managing inventory and projecting future needs to prevent stockouts. However, sixty-six clinics reported stockouts of different family planning commodities this year. Shortages in the government's supply of contraceptives as well as interruptions in the supply chain and distribution process resulted in an inability to meet demands of the community. Annex E provides details on the frequency of stockouts, the clinics affected, and the type of contraceptive.

*Increasing capacity of service providers.* This year, SSFP surpassed its Year 5 targets for the number of clinical training sessions provided by 17 percent (see Annex A, OP10). Clinical training sessions have equipped clinic staff with required knowledge and skills to perform their responsibilities and ensure compliance with SSFP standards. From October 2011 to September 2012, a total of 662 professionals (OP10) (see Annex B) in the Smiling Sun network received clinical training on a range of topics. Training sessions covered integrated management of childhood illnesses (IMCI), family planning clinical services course (FPCSC), safe delivery, counseling, STI/RTI, implant, non-scalpel vasectomy, TB management, EmOC-CPR, and infection prevention. These trainings were provided by government-approved training institutes, such as ICMH, AITAM, OGSB Hospital and PSTC. In addition, SSFP partnered with other local and international organizations, such as BRAC, URC, and EngenderHealth, for training sessions in TB management and family planning.

- *EmOC refresher training.* SSFP's technical support team facilitated one refresher training on EmOC and CPR in Dinajpur on May 9, 2012 and another in Khulna on May 22, 2012. Topics included a re-orientation on partograph, active management of third stage of labor training (AMTSL), newborn care, and CPR. A total of 54 participants, including medical officers and paramedics from the ultra clinics, took part in the training.
- *Best practices in emergency obstetric care (EmOC).* SSFP's technical support team facilitated four workshops in Year 5 on EmOC best practices in four regions: Dhaka, Khulna, Chittagong and Bogra. The objectives of the regional clinical training sessions were to: 1) enhance knowledge and skills on the framework for quality EmOC; 2) disseminate best practices for labor and childbirth; and 3) enhance knowledge on AMTSL. These training sessions included field visits to selected clinics and the preparation of clinic action plans. A total of 122 medical officers and paramedics (103 female and 19 male) from Smiling Sun ultra clinics participated.
- *FANTA – Infant and Young Child Feeding (IYCF) training.* FANTA provided IYCF training-of-trainers (TOT) to 13 monitoring officers from nine NGOs. Following the TOT, the clinic-level IYCF and hygiene training was also held in Barisal, Bhola, Khulna, and Rangpur in June 2012. A total of 165 clinic staff including medical officers, paramedics, service promoters and counselors from 30 Smiling Sun clinics participated in the training. FANTA provided technical support and absorbed the costs for organizing the clinic-level training sessions in these four locations.
- *Mayer Hashi project and EngenderHealth – AMTSL training.* The Mayer Hashi project, implemented by EngenderHealth, provided training sessions on AMTSL to SSFP service providers in Chittagong and Cox's Bazar on May 13 and 15, 2012. A total of 32 medical officers and paramedics from SSFP clinics participated in the training.

- *Infection prevention training.* SSFP’s technical support team facilitated refresher training sessions on infection prevention for medical officers and laboratory technicians in Dinajpur on May 10, 2012 and in Khulna on May 23, 2012. The training emphasized the importance of infection prevention as a critical component of all health care programs. It covered instrument processing, infection prevention for different types of services, and medical waste management. A total 74 medical officers and lab technicians (56 female and 18 male) from clinics participated.
- *Marketing, promotion, and Surjer Hashi Health Group (SHHG) training.* SSFP organized nine rounds of training to clinic staff on marketing, promotion, and SHHG during the year. The three-day training was led by the SSFP network operations team with 278 participants (115 females and 163 males) in attendance, including clinic managers and service promoters.

## ii. Grants Management

*Report and update the Program Income Plan (PIP).* The table below summarizes operational expenses, revenue generated, and cost recovery information for Year 5.

**Table 1: Cost Recovery Year 5**

October 2011 to August 2012*	Operational Expenses (in BDT)	Generated Service Revenue (in BDT)	RDF Mark Up (in BDT)	Cost Recovery
<b>Total (in BDT)</b>	<b>802,453,826</b>	<b>262,342,547</b>	<b>15,310,588</b>	<b>35%**</b>

\* Cost Recovery information for September 2012 will be available November 15, 2012

\*\*Without capital investment of Tk 30,850,281, cost recovery in the network for year 5 is 36%.

*Implementation of USAID program income audit recommendations.* SSFP is committed to continually improving internal financial management controls. In Year 5, SSFP developed and implemented an action plan in response to findings from USAID’s program income audit.

- *Computerized accounting system.* SSFP engaged Technohaven Limited, a software development company, to develop an online electronic accounting system for all clinics in the network to increase accountability, internal controls, improve efficiency, and enhance transparency. The software was designed to be integrated with the existing MIS system. Clinics and NGOs started entering financial data into the system beginning July 2012 and are now able to generate computerized financial reports. The system will reduce paperwork and decrease the lag time in gathering service delivery statistics and financial reports, thus facilitating the use of data in decision-making.

*Restructuring of grants team and review process.* In Year 5, SSFP engaged two qualified grants and compliance specialists from a local USAID-listed audit firm to provide continuous support to NGO and clinic staff in transitioning to the new computerized accounting system and assist in capacity building. SSFP also engaged a local USAID-listed audit firm to conduct monthly voucher reviews. The audit firm allocated six voucher examiners to SSFP to increase the quality and timeliness of the reviews.

*Grants monitoring and internal and external audits.* SSFP continued to regularly monitor and audit NGO grantee activities, which have proven useful for internal control purposes.

- *Review and management of 26 NGO grants.* The contracts and grants team continued to conduct a thorough management review of all 26 NGO grants in Year 5. NGOs received assistance from SSFP for completing monthly financial reports in the standard reporting and reconciliation format. Completing the appropriate follow-up through established tracking systems is key to ensure timely submission and to immediately address potential problems. Monthly financial and reconciliation reports (MFRR) for all NGO grantees have been reviewed up until August 2012.
- *Orientation on 5th round of grants.* In December 2011, the SSFP grants team conducted an updated orientation for all NGOs on the changes in the grant agreement, budget allocation, program income utilization plan, financial monitoring and budget monitor. During the orientation, NGOs were also informed of the USAID program income audit findings and follow-up requirements.
- *Follow-up and monitoring visit by grants team.* SSFP's grants team conducted regular financial review visits of the NGOs throughout the year to ensure proper utilization of USAID funding, which included program income and review of accounting records and reporting. Voucher examiners visited all 26 NGO project offices three times in Year 5 to review accounting records and conduct reconciliations for the period of October 1, 2011 to June 30, 2012. Review of accounting records of July – September is ongoing. In addition to NGO visits, voucher examiners also conducted review and voucher verification of 323 clinics of the network; each clinic was visited during the course of the year
- *Internal and external audit of NGOs.* Under SSFP's IQS, the program issued task orders to three audit firms to conduct OMB A133 and financial audits of the 26 network NGOs. The audit covered the period from February 1, 2010, to September 30, 2011. Separately, SSFP selected audit firms to complete OMB A133 and financial audits of the 26 network NGOs for the period from October 1, 2011 to March 31, 2012. The objective of the audit is to increase NGO capacity in financial management and ensure accountability and transparency. SSFP continues to be compliant with the annual audit requirements. Moreover, the auditors reviewed and certified the financial statement of network NGOs.
- *Specific additional audits.* In September 2012, SSFP also conducted a financial audit with a specific scope of work for four NGOs: SGS, SUS, PSF and SSKS. Each NGO was notified of the findings and asked to refund any unallowable costs.

*Grants closeout.* SSFP's grants team conducted a three-day workshop, from April 23-25, 2012, to share the close out process with network NGOs. During the workshop, NGOs developed a close-out timeline and conducted group work on monitoring the budget and actual expenses. They also updated close-out financial and technical reporting, disposition of assets, documentation, and filing requirements after the life of the project.

### **iii. Program Income**

By strengthening service delivery capacity and quality, the SSFP network made progress in operations and finance in Year 5 that resulted in additional service output as well as increased program income, revenue generated by service fees, and third party contributions. As was the case in previous years, program income was used to defray operational expenses in last quarter of the year. As projected, SSFP met the income generation target in Year 5.

Program Income	Oct 2011 to Sep 2012 (USD)	Oct 2011 to Sep 2012 (BDT)	Exchange Rate
Planned	5,036,391	262,342,547	US \$1 = BDT 69
Actual	<b>3,013,740</b>	<b>244,866,401</b>	US \$1 = BDT 81.25
Difference	1,601,082	102,644,589	

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

**Introduction.** SSFP clinics continued to expand access, especially to the poor, to Essential Service Delivery (ESD) package of health services. SSFP also worked to expand the client base of the clinics by promoting services and increasing service providers' capacity to meet the emerging health needs of the population. In Year 5, SSFP provided 33,641,493 service contacts (excluding NID), a 2.8 percent increase over the previous year.

**i. Expansion of Service Volume**

SSFP continued to provide all services included in the Essential Service Delivery (ESD) package through its clinics, with a special emphasis on safe delivery and LAPM. SSFP continued coordinating with USAID partners to increase service providers' technical skills as well as scaling up successful interventions. As has been the case since the beginning of the project, maintaining and improving the quality of care across the network is vital to SSFP's work. In addition, Surjer Hashi Health Groups have been essential in encouraging communities to adopt healthy behaviors and in increasing traffic into the clinics.

*Task forces.* To ensure integrated health services, SSFP task forces work to plan, organize, coordinate, and direct activities to improve clinic performance in a specified health area. The task forces held several informal meetings that resulted in weekly passive surveillance on eight service delivery indicators for each NGO. Task force members, under the leadership of the technical team, monitored weekly reports and provided recommendations to respective NGOs when declining trends in services were detected.

- *Maternal health task force.* This task force was responsible for regularly tracking maternal health performance and identifying trends or variations in performance. In Year 5 the task force organized and led two maternal health service delivery campaigns. The first campaign held on Safe Motherhood Day in June 2012, and the second campaign was in September 2012. The maternal health task force also identified training needs and conducted training sessions on the Helping Babies Breathe curriculum, best practices in emergency obstetrics care, and infection prevention to update the knowledge and skill set of service providers (see page 11 and Annex B). The project also collaborated with the USAID Mayer Hashi project to organize two training sessions on AMTSL (see page 11). SSFP Year 5 maternal health achievements included an eight percent increase in safe deliveries (OP 14) and a 92 percent increase in postpartum/newborn visits within 3 days of birth (OP 11). In Year 5, SSFP performed 1.192 million ANC consultations against a target of 1.37 million (OP12). At the end of the first quarter of Year 5, the MEASURE evaluation identified that SSFP was losing market share for ANC to other NGOs. When breaking down the Y5 ANC services by month, it shows a downward trend in ANC for the first quarter of the year, assuming the market

share reduction identified by MEASURE continued. Beginning in January, after the downward trend was identified, SSFP instituted campaigns throughout the year and saw an increasing trend in ANC per month. Though the trend is increasing, it was not enough to meet the target for Year 5.

- *Child health task force.* This task force regularly monitored child health performance on indicators, such as ARI, CDD, IMCI and vaccinations. In Year 5, SSFP achieved increases in CDD (3 percent) and ARI (9 percent) and IMCI (9 percent) when compared to the previous year. The administration of Vitamin A supplements has decreased by 38 percent (without NID) which is primarily due to the change in the policy of the GoB on Vitamin A distribution.. The child health task force also took the lead in organizing a consultative meeting in September 2012 with the National Working Team for IMCI. At this meeting, the task force discussed community case management of childhood illness, development of child health policy, and joint planning of future child health activities.
- *Family planning task force.* In September, SSFP launched a family planning campaign focusing on LAPM to increase CYP. This campaign contributed to an increase in CYP of 22 percent between August and September. In addition to performance monitoring, the family planning task force was instrumental in guiding different NGOs to collaborate with local family planning authorities and conducting LAPM campaigns at Smiling Sun clinics. The family planning task force also collaborated with the Mayer Hashi project to monitor IUD performance at Ultra clinics in Barisal, Chittagong and Sylhet.
- *TB task force.* The TB task force regularly monitored TB activities at eight network NGOs and communicated with National Tuberculosis Control Program (NTP). The task force ensured that newly recruited medical officers and TB supervisors received training on community-based programmatic management of drug resistant TB. SSFP's TB focal person participated in the TOT for the medical officers on child TB diagnosis and management, the orientation on MDR TB management, the PMDT guideline revision workshop, and the quarterly performance review meeting. SSFP represented and participated at a BRAC and NTP organized roundtable discussions on TB treatment. The TB task force also liaised regularly with BRAC for proper GFATM fund disbursement to the network NGOs.
- *Diagnostic task force.* The diagnostic task force reviewed lab services regularly and provided necessary feedback to the network NGOs. The task force helped to expand lab services to 13 clinics during this year (see Annex F).

*Service expansion in strategic health areas.* In Year 5, SSFP focused on expanding services in nutrition, safe motherhood, LAPM and related diagnostic services.

- *IEC Material Development and Reprint.* At the request of clinics, SSFP reprinted promotional materials on ANC, PNC, and LAPM for distribution to customers. SSFP also reproduced brand promotion materials for clinic level staff and community service providers. SSFP developed and distributed to network NGOs a brochure on SHHGs, including information on group formation, membership, roles and responsibilities.
- *Clinic upgrading.* In Year 5, SSFP upgraded 13 clinics, of which four were upgraded from vital to ultra clinics to begin offering comprehensive EmOC services. One clinic, upgraded from vital to ultra, is now offering basic EmOC services. Eight clinics remained vital but now offer comprehensive services instead of basic EmOC services (see Annex D).

- *Upgrading satellite spots to static clinics.* In Year 5, SSFP upgraded two satellite spots, Poujan and Charfassion of Swanirvar, to static clinics. This upgrade increased the total number of static clinics from 323 to 325 and reduced the number of satellite spots from 8,819 to 8,817. SSFP also started the operation of a fixed satellite spot in Diginala under the supervision of the static clinic at Khagrachari.
- *Expansion of lab services.* In Year 5, SSFP established thirteen labs.(see Annex F)
- *Supporting National Immunization Day.* In the second quarter of Year 5, all 325 SSFP clinics supported National Immunization Day (NID) by immunizing approximately 5.6 million children on January 7 and February 11, 2012. In the first round of NID on January 7, 2012, Smiling Sun contributed 40 percent of the total NID coverage for polio in Dhaka City Corporation.
- *Implementation of mainstreaming nutritional activities in service delivery.* On May 30, 2012, SSFP signed an MoU with FANTA III to integrate Essential Nutrition Activities (ENA) into maternal and child nutrition services at 30 Surjer Hashi clinics. SSFP collaborated with FANTA III and Mohammadpur Fertility Services and Training Center (MFSTC) to provide training on IYCF and hygiene to monitoring officers, project managers, and clinical service providers to 30 clinics from eight network NGOs (see page 10).
- *Training on Helping Babies Breathe (HBB).* SSFP organized a refresher training session on neonatal resuscitation based on the HBB manual. National HBB trainers and SSFP technical team members conducted the training session for 127 medical officers and paramedics.

<p style="text-align: center;"><b>Excellence in IYCF</b></p> <p>On April 28, 2012, the South Asian Regional Conference on Breastfeeding and Complementary Feeding awarded a crest to SSFP in recognition of its excellent national services for Infant and Young Child Feeding.</p>
---

*Collaboration with other USAID implementing partners.* SSFP continued its collaborations with other USAID projects and implementing partners during Year 5.

- *Mayer Hashi and EngenderHealth.* SSFP partnered with the Mayer Hashi project to build the capacity of network NGOs on LAPM and AMTSL and develop a pool of LAPM master trainers (see page 11).
- *Social Marketing Company (SMC).* The collaboration between SMC and SSFP’s technical team continued in Year 5. SSFP participated in the Blue Star Providers’ workshop in Comilla and Barisal to improve referral linkages between Blue Star providers and Smiling Sun clinics, particularly for LAPM services. SMC Blue Star-trained service providers, with support from URC’s TB II care program, provided TB case referrals to Smiling Sun DOTS clinics.
- *MaMoni.* In Year 5 the Surjer Hashi clinic in Hobigonj, in collaboration with MaMoni, conducted 10 additional satellite sessions to provide health and family planning services to the customers in underserved areas. MaMoni provided urine examination dipsticks for ANC customers and Misoprostol. SSFP also provided free services to the customers identified as poor by MaMoni that attended the satellite sessions.

**ii. Expansion of Client Base**

*Continue service expansion in Chittagong Hill Tracts (CHT).* In Year 5, SSFP organized a promotional campaign in Khagrachari. Network NGO FDSR organized a community outreach program through a cultural event to raise awareness on safe motherhood and family planning issues. The cultural show disseminated messages on the benefits of small families, medical counseling during pregnancy, and safe hygiene behavior such as hand washing. An advocacy meeting was also organized at the community level where promotional materials were distributed.

*Service provision to the poor.* SSFP follows a systematic approach to ensuring that poor and vulnerable populations have access to and use health services from SSFP clinics.

- *Update the list of poor and poorest of the poor (PoP) clients.* SSFP clinics keep systematic records of patients broken up by socioeconomic status and gender. Members of the community and SHHGs are involved in identifying and updating the list of poor and PoP. The project uses this information to track and prepare reports on the health services utilized by the poor, women, and adolescents. During Year 5, network NGOs continued to build the capacity of clinic staff members to update the poor and PoP list.
- *Distribution of health benefit cards (HBC) among poor and PoP.* Though a partnership with Cemex, SSFP distributed HBC to 200 households, identified through community mapping, in the Narayanganj district (see page 17). Through a new partnership with Underprivileged Children's Educational Program, 46,000 cards were distributed to poor students and their families in urban slums (see below).
- *Follow up the number of service to the poor.* During Year 5, SSFP followed up monthly with each network NGO on the percent of service contacts to the poor and PoP's. In response to clinics reporting stockouts of the PoP cards, SSFP printed and distributed 98,000 PoP cards (approximately 300 cards for each of the 325 static clinics) so that the poor are able to access and utilize services. Due to these efforts, SSFP achieved approximately 33 percent of service contacts to the poor this year; an increase from last year's achievement of 31 percent.

*Service expansion in urban slums.*

- *Guidelines of service expansion in urban slums.* SSFP developed and distributed guidelines for service expansion in urban slums in line with GoB's Urban Health Strategy to NGOs.
- *UNDP-funded Urban Partnership for Poverty Reduction Project (UPPRP).* In Year 5, UPPRP partnered with seven SSFP NGOs (PKS, SSKS, Tillottoma, CWFD, Swanirvar, UPGMS, and Kanchan Samity) to address the health needs of 63,381 poor and poorest of the poor households in urban slum areas. SSFP offered maternal health, safe delivery, child health, family planning, limited curative care, and diagnostic services to poor client groups enlisted by UPPRP district town manager. Customers also received immunization and Vitamin-A capsules for children under the age of one, family planning commodities free of cost, and a 7 percent discount on medicines at Surjer Hashi clinics. UPPRP allocated BDT 5,570,835 to SSFP in Year 5 for operational costs of selected clinics and reimbursements of service charges for the poor and extremely poor.
- *Underprivileged Children's Educational Programs (UCEP).* To continue reaching the poor, in Year 5, SSFP established a new partnership with UCEP, a leading national NGO working for the gradual elimination of child labor and poverty in the society. UCEP schools are the hub for approximately 46,000 working children between the ages of 11 to 17 who reside in

urban slums in Dhaka, Chittagong, Khulna, Rajshahi, Barisal, Sylhet, Rangpur and Gazipur. SSFP is now providing health services to students and their families from 63 UCEP integrated general, vocational and technical schools. UCEP distributed 46,000 health benefit cards to the students for use at any Surjer Hashi clinics. Satellite teams visit UCEP schools every month to conduct satellite sessions and provide health consultation services free of cost. Students and their families also receive lab services and medicines at a reduced cost. A coordination team with two representatives each from SSFP and UCEP monitor and evaluate activities bimonthly and perform quarterly monitoring visits.

*Observing national days in support of health.* SSFP supports the GoB's priorities by observing and participating in national days linked with service delivery, to increase awareness and improve coordination stakeholders. In Year 5, the Smiling Sun network observed the following national days: Global Hand Washing Day on October 15, 2011; World Pneumonia Day on November 13 2012; World AIDS Day on December 01, 2011; International Women Day on March 8, 2012; World Tuberculosis Day on March 24, 2012; World Health Day on April 7, 2012; Safe Motherhood Day on May 28, 2012; World Population Day on July 11, 2012; and World Breast Feeding Week on August 1 -7, 2012. On these occasions, Smiling Sun clinics conducted various community mobilization activities, including rallies, community meetings, and street theater to spread awareness to customers.

#### *Campaigns.*

- To mark Safe Motherhood Day on May 28, 2012, with the theme of *safe delivery is a mother's right*, SSFP launched a special campaign on safe motherhood across its network that lasted until June 30, 2012. As part of this campaign, SSFP broadcasted a safe motherhood commercial on local news channels. Project directors and clinic managers attended advocacy and coordination meetings held at the district and divisional level. An awareness campaign on ANC/PNC and safe delivery services was launched as a result of health group meetings at the community level. This resulted in a 33.5 percent increase in the number of newborn care visits within the first three days of birth compared to the previous quarter. Additionally, the number of newborns receiving essential newborn care also increased by 16 percent and ANC service contacts increased by 10 percent. SSFP conducted another safe delivery campaign in September. During this campaign, deliveries increased from 2,033 in August to 2,710 in September.
- A local level campaign on LAPM was organized on November 29, 2011 in Gobindaganj under Gaibanda district. The campaign included an advocacy meeting with local leaders, GoB and public representatives and street theater.
- SSFP launched a countrywide campaign for ANC, PNC, and newborn care to raise awareness of reproductive health rights among women on International Women's Day, March 8, 2012. Ms. Rina Parveen, Director Planning of the Directorate General of Family Planning, inaugurated the campaign as the chief guest at the Surjer Hashi Clinic in Aftabnagar. Similar programs were organized in SSFP clinics across the country. Ms. Rina Parveen urged all prospective mothers to obtain regular medical services from Surjer Hashi clinics to ensure a safe delivery and healthy newborns. The month-long campaign offered special discounts of up to 30 percent off existing rates for ANC, PNC and newborn care services at Surjer Hashi clinics. As always, the poorest of the poor were eligible to receive services and medicines free of cost. In comparison with services delivered in February 2012,

this campaign resulted in a 30 percent increase in ANC services, 8 percent increase in PNC services, and 29 percent increase of newborn care.

- SSFP, in association with Savlon and Bangla Daily Samokal, organized a roundtable discussion to celebrate Global Hand Washing Day on October 15, 2011. This hand washing campaign raised awareness about the importance of hand washing as a simple and effective means to prevent diseases. Dr. Sayed Modasser Ali, advisor to the prime minister on health, family welfare and social welfare, was the chief guest at the roundtable with Mr. Golam Sarwar, editor of Samokal. Members of Parliament, academics, health experts, NGO activists and representatives of civil society all participated in the roundtable discussion. The entire transcript of the discussions was published in a two page supplement in the Daily Shamokal newspaper on October 20, 2011. Additionally, SSFP launched a two week hand washing campaign, consisting of nine campaigns at nine schools in seven divisional headquarters and clinics across the network in collaboration with SSFP network NGOs. About 5,000 students participated and learned proper hand washing techniques through this school campaign.

### **iii. Maintenance of Quality of Care**

During the last four years, SSFP has invested in quality improvement as a key ingredient to ensure client satisfaction. In Year 5, SSFP continued implementing its quality management system (QMS), and building on proven successful approaches, such as the clinic level quality circles (CLQC) and the CQC.

*Improvement of quality of care.* SSFP introduced the CLQC to help clinics become more capable and responsible for assuring and maintaining a uniform standard of quality of services. In Year 5, clinic staff continued to meet monthly in order to identify, analyze, and solve service quality problems and to improve general operations. NGO monitoring officers regularly monitored CLQC meetings and visited clinics, applying assessment tools from the QMS toolkit. The CQC, which is responsible for all revisions and modifications of QMS tools and protocols, met each quarter to discuss quality issues affecting network NGOs (see page 3). SSFP's clinical quality assurance specialist regularly visited clinics adding an additional layer of monitoring. During Year 5, 40 clinics were visited for CLQC-related monitoring.

*Quality audit.* SSFP conducted the first external quality audit by an independent consultant in 2009 to assess the network's level of quality and to identify areas for improvement. In Year 5, two independent consultants performed a second external quality audit evaluating 33 randomly selected clinics. Positive audit findings included strong brand recognition of the SSFP network as a provider of quality health and family planning services, clean and well-maintained facilities, professional and dedicated staff, and client satisfaction regarding the quality of services received. The following areas needed further improvement: addressing the gap between knowledge and practice, ensuring privacy of clients, practicing infection prevention protocols consistently, by program directors' reluctance to take corrective measures when implementing quality standards per the NGO recommendations, increasing staff retention, and accurate record keeping.

### **iv. Maintenance of Management Information System (MIS)**

One of SSFP's major milestones in Year 5 was the development and implementation of the integrated online MIS and accounting system to all 325 clinics and 26 NGOs in the network. This investment was a key step towards modernizing the network's reporting system. SSFP

continued maintenance, monitoring, and capacity building to ensure a smooth transition from a paper-based to electronic system.

*Launching the online system.* SSFP leveraged private partnerships to provide clinics and NGOs with equipment to effectively use the new online system. DBBL donated 320 netbooks to SSFP, and CityCell donated 150 modems for free and 170 modems at a discount. Technohaven developed the accounting software and integrated it with the online MIS into a single, interactive web-based user interface. Following the launch of the online system, every clinic received a netbook loaded with the newly developed software in May 2012. With the anticipated influx of monthly service and accounting data from all network NGOs, SSFP established one main server in June 2012 to accommodate the vast data flow and ensure quick upload.

*Online MIS and accounting system training.* SSFP conducted initial training sessions in March and April 2012 to introduce the system to network NGO and clinic staff. These training sessions highlighted significant gaps in computer literacy and knowledge among staff. After the netbooks were distributed throughout the network, SSFP held refresher training sessions in June and July for end users. A total of 947 network staff participated in 39 workshops, which included a one day of computer basics training. The additional series of training sessions for users aimed to instill greater familiarity and confidence among the regular users of the system.

*Help desk support.* To ensure smooth implementation of the new system, Technohaven provided continuous help desk support and troubleshooting of the software to system users. SSFP's IT team provided continuous support for the netbooks and other hardware. Monthly help desk reports compiled and described common issues experienced by users. These reports and feedback from training sessions were then used to evaluate whether further improvements to the software were needed. When needed, the help desk also conducted site visits to directly assist users at the clinic or NGO office.

*Routine reporting and report generation.* At the end of Year 5, all 325 clinics reported regularly entering data into the system. In September 2012, the SSFP MIS team and Technohaven conducted site visits to install updated software to all netbooks and to ensure completion of the first phase of data synchronization to network NGO servers. In total, 314 clinics successfully synchronized and uploaded their data onto the managing NGO's server. Eleven laptops experienced hardware malfunctions and were unable to complete synchronization. NGO monitoring officers reviewed the synchronized data for quality and consequently synchronized their clinics' data with the SSFP server. All 26 NGOs successfully synchronized their data with the SSFP server and were also able to generate reports using their data.

*Challenges and lessons learned.* While rolling out of the system was a major feat, SSFP experienced significant challenges that resulted in delays or re-evaluation of the system.

- As mentioned previously, the initial training on the system revealed that many clinic staff lacked basic computer skills. In subsequent refresher training sessions, SSFP ensured that training sessions also included basic skills on netbook navigation and usage.
- CityCell's modems ensured that all clinics, regardless of urban or rural status, had access to the internet to electronically transfer their service and accounting data to the NGOs.

However, despite having access, poor connectivity hampered efforts to synchronize data in real time.

- The transition from a paper-based to an electronic system was not immediate. Staff needed time to become familiar and confident with the new system. Therefore, clinics were maintaining both the old and new systems. While the intention was to minimize disruptions in regular reporting and ensure a smooth transition, an unintended consequence was the increased workload for counselors and paramedics to maintain both systems. SSFP is evaluating next steps to improve adoption of the system within the network.
- During site visits in September, the MIS team observed that while clinics were using the system to enter data, the quality of data entered varied. The MIS team is working on a plan to increase monitoring and provide additional support to ensure accurate and quality information is entered. These observations will also be incorporated into the design of the next phase of refresher training sessions to be held in Year 6.

#### **A4. Performance Outcome 4: Capacity Building of Local Network NGOs**

**Introduction.** Throughout the project, SSFP has provided technical assistance in the form of training sessions for clinical and management staff, enhanced financial management through training and tools, and established guidelines and protocols for the quality management system for rigorous quality monitoring and maintenance. In Year 5, SSFP focused on institutional capacity building of local network NGOs by partnering with the Capacity Building Services Group (CBSG) and the Panagora Group to implement a series of workshops and training sessions to strengthen financial and administrative capacity of network NGOs. To establish a system for NGO assessment, selection and capacity building, SSFP focused on the three pillars – leadership, staff development, and process and systems – to develop sustainable capacity in network NGOs.

##### **i. Establish a system for NGO assessment, selection and capacity building.**

The first step in institutional capacity building was to orient the senior staff and Membership Council members from the network NGOs on the organizational development approach and process through an in-depth briefing session. Five staff members from each network NGO attended one-day organizational development readiness workshops in October 2011 to become familiar with the self-assessment process and to orient other members of their NGOs in preparation for the subsequent phase: the baseline organizational capacity assessment.

The purpose of the baseline organizational capacity assessment was to identify strengths and strategic areas for capacity building for each network NGO through self-assessments of NGO staff. The assessment looked at 10 primary focus areas: governance, program management, human resources, financial management, leadership, performance management, organizational management, administration, gender, and health service delivery. SSFP shared the findings and recommendations from the baseline capacity assessments and validated these with SSFP staff and network NGOs. The overall recommendations for network-wide capacity building were the following:

1. Follow up on all training sessions via Help Desk Support;
2. Promote the adoption of organization-wide (versus project) policies to maximize institutionalization and sustainability;

3. Integrate gender as a cross-cutting issue in all capacity building training sessions, orientations, and help desk support;
4. Ensure there is gender equity in participation in all capacity building activities;
5. Ensure transparency and participation in the entire capacity building process;
6. Build on existing policies and practices consistent with accepted standards.

Based on these findings, SSFP and its partners developed a network-wide capacity-building strategy and plan of action with baseline information and targets.

#### **ii. Additional Capacity Building of High Performing NGOs**

SSFP is committed to ensuring that network NGOs have sufficiently robust policies, procedures, and systems in place to directly manage USAID funds in the future. Recognizing that network NGOs have varying levels of capacity, SSFP and its partners analyzed the baseline assessment data and selected 10 high performing NGOs for additional capacity-building activities. Based on the analysis, and in consultation with USAID, the following were selected as the high performing NGOs in the SSFP network: BAMANEH, CWFD, FDSR, JTS, Kanchan Samity, PKS, PSTC, Shimantik, Swanirvar, and VPKA. In the second quarter, CBSG worked with each NGO to develop and complete individual institutional strengthening plans, which included time-bound benchmarks and an outline of customized capacity building requirements. The help desk provided continuous monitoring and support to NGOs to track progress toward targets set in the individual plans. These selected NGOs also received additional training, including the USAID rules and regulations training in June 2012 and the project design and grant application training in July 2012.

#### **iii. Provide management and organizational development assistance**

SSFP and CBSG established a help desk with technical experts who could provide continuous technical support to all 26 NGOs in operationalizing the concepts presented at the training sessions. The help desk also supported the high performing NGOs with development and finalization of their HR manuals and to carry forward their organization specific capacity building plans. As a result of continuous follow up by help desk experts through mail, phone calls, verbal communications, and site visits, all network NGOs are more aware and conscious of their commitment to complete their organization's final HR manual.

#### **iv. Facilitate NGO training workshops**

*Human resources policies and practices.* In March and April 2012, SSFP conducted three rounds of training workshops on HR policies and practices for 104 participants from 26 NGOs. The main objective of the training was to build the capacity of network NGOs to develop a standard HR manual with policies, systems, and practices to be able to receive direct USAID funds or funds from other international donors. The help desk continues to monitor and support each NGO's progress in developing and finalizing their HR manual. In Year 5, five NGOs completed their HR manuals.

*Management development training.* SSFP organized two rounds of training workshops on management development. The objective of the workshop sessions was to increase knowledge of management concepts, features, and functions relating to their own organizational approaches and practices. The issues covered in the workshop included principles of supportive supervision, time management, delegation, functional styles, participatory management, effective vs. efficient

management, log book maintenance, problem solving skills and gender sensitiveness to enhance performance. The project director and one senior staff member from all network NGOs, a total of 52 NGO staff, participated in these two workshops.

*Effective communication training.* SSFP organized two one-day training workshops on the “Life Cycle Approach to Effective Communication for USAID Project Management” on March 27 and 28, 2012 for 52 participants from all 26 network NGOs. NGO project directors and designated staff with experience or responsibility for communication activities attended the workshop. The objectives of the training were to: 1) improve skills to communicate effectively with donors, stakeholders, and staff; 2) positively represent the quality and impact of the organization’s activities, achievements and successes; and 3) help diversify the donor base of NGOs through effective communications. The sessions included exercises and examples for start-up work planning, internal communication, external communication with donor and stakeholders, and project close-out communications. Ms. Linda Quamer from USAID’s Program Office addressed participants to convey USAID’s expectations of partner communications and branding.

*USAID rules and regulations training.* Ms. Mary Abdalwahab, USAID rules and regulations/compliance specialist from Chemonics’ home office, facilitated a workshop June 19-21, 2012, for six of the high performing network NGOs. The objectives of the “USAID Rules and Regulations” training were to provide participants with an understanding of the regulatory framework encompassing US assistance; a familiarity with USAID regulations and requirements for grants and cooperative agreements; and the ability to identify the requirements for receiving, implementing, and closing out a grant award from USAID.

*Project design and grant application training.* Twenty-three senior staff (19 male and 4 female) from six network NGOs participated in the “Project Design and Grant Application” training workshop July 15-18, 2012. The objectives of the training were to increase understanding of the grant application process among NGOs by explaining how to identify opportunities, describing the different sections of an application, providing tips for each section, outlining the evaluation criteria, and explaining the steps to develop a budget. The workshop reviewed the USAID proposal process, the different solicitation mechanisms, and how to effectively respond and package a proposal for submission. Participants provided positive feedback on the organization and coordination of the training sessions and commented on the value of the training for the NGOs future development.

## **B. Operations and Administration**

### **i. 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, staff recruitment was a significant activity and at one point during the year SSFP was fully staffed.

As an outcome of the annual performance review, staff members were encouraged to attend different trainings and workshops for their professional skill development, of which 19 professional staff members did so.

## **ii. Property Management**

In Year 5, a fixed assets inventory was updated and an annual inventory conducted. Through the update of the inventory a list of obsolete, damaged, broken, and unusable items was developed and approval for disposal obtained from USAID. During Year 5, SSFP has completed procurement of various clinical equipment, computers, netbooks and generators for different clinics for implementation of the program.

## **C. Cross-Cutting Issues**

### **i. Gender**

During this year, SSFP implemented two campaigns to promote safe delivery, ANC, PNC, and newborn care. With the exception of newborn care, services are by definition delivered to women. SSFP developed its Gender principles this year and circulated among network NGOs. As part of the family planning campaign implemented in September, SSFP promoted LAPM and male involvement in family planning. As a result of this campaign, SSFP performed 123 NSVs in September as compared to 24 and 25 in July and August respectively. Finally, as identified in the baseline assessment of institutional capacity for partner NGOs, a session on gender and gender-responsive organizations was delivered to SSFP's MC to strengthen the executive leadership of the network.

### **ii. Youth**

During this year, SSFP continued to provide TT vaccines for young girls. In addition, SSFP formed a partnership with UCEP to deliver health services to UCEP students and their families.

### **iii. Anti-Corruption**

SSFP continued to make strides in reducing the space for corruption through its online MIS and Accounting System. Also, SSFP conducted its annual audit of all 26 NGOs. Based on the findings from this audit, additional financial reviews for four NGOs were conducted.

## ANNEX A: PROGRAM INDICATORS

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5		
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	
<b>Program Component 1: Reduce unintended pregnancy and improve healthy reproductive behavior</b>													
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	1.61	1.61	
OP2	Number of people trained in FP/RH with USG funds	166	1,000	1,049	5,149	6,637	303	300	278	255	378	385	
												64 M	321 F
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	3.2	2.95	
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	2	1	
OP6	Number of new approaches successfully introduced through USG-supported programs	0	1	5	9	5	8	5	2	2	2	1	
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	15,530	15,454	
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	4.731	4.2	
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	N/A	66	
OP10	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	100	101	900	101	419	359	876	824	566	662	
												132 M	530 F

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5	
			Target	Achieved								
<b>Program Component 2: Improve child survival, health, and nutrition and Program Component 4: Improve maternal health and nutrition</b>												
OP11	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,431	24,500	23,270	25,725	44,684
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	1.37	1.192
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	35	54
												10 M
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	25,725	22,061
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	138	143
												17 M
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	19,000	15,111
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	26,700	46,310
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	205,000	147,519
OP20	Number of children less than 12 months of age who received Penta3 from USG-supported programs	289,801	295,597	271,550	296,000	259,286	289,801	307,875	315,000	328,057	330,750	333,880

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5	
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
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	3,748,073 (with NID)	3,935,746 (With NID)	3,160,350 (with NID)
										315,948 (w/o NID)	331,745 (w/o NID)	204,477 (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	2.3	2.32
OP23	Number of health facilities rehabilitated	0	25	26	160	115	202	187	14	15	12	68
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 <sup>1</sup>	7.733	8.435
OP27	Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Program Component 5: Prevent and control infectious diseases of major importance</b>												
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	110	210
OP29	Number of people trained in DOTS with USG funding	44	17	17	100	111	62	74	47	40	15	80
												41 M
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	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%	92%	92%
<b>Project Objective: Access to sustainable health services maintained and expanded</b>												
OP32	Percent of cost recovery	25%	25%	31%	35%	32%	50%	41%	50%	41%	45%	35% <sup>2</sup>
OP33	Percent of poor service contacts	26%	27%	27%	28%	26%	29%	31%	30%	31%	31%	32.97%

<sup>1</sup> The decline in the Y4 achievement is due to the calculation of service contacts rather than the catchment area

<sup>2</sup> In Y5, without capital investment, cost recovery in the network is 36%.

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5	
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
<b>Performance Outcome 3: Smiling Sun Network expanded</b>												
41	Total number of clinics (ultra and vital; targets set by static and satellite)	319	335	319	319	320	319	323	319	323	325	325
		8,516	8,666	8,508	8,516	8,545	8,516	8,670	8,516	8,702	8,700	8,817
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	53,767,844 (w NID)	56,456,236 (w NID)	41,662,204 (w NID)
										32,726,121 (w/o NID)	34,362,427 (w/o NID)	33,641,493 (w NID)
45.A	Number of clinics properly implementing infection prevention procedures	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	969	975
52	Total number of individuals that received services from the network (in millions)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6.9 <sup>3</sup>	TBD*
<b>Capacity of NGO Grantees improved</b>												
OD1	Number of NGOs using computerized financial management systems	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26	26
OD2	Number of NGOs completing an institutional capacity baseline self-assessment	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26	26
OD3	Number of NGOs providing reports based on an institutionalized electronic performance management system	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26	26
OD4	Number of policies or strategy items on which the membership council provided guidance.	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12	10

<sup>3</sup> 6.9 is the initial projection for Y5 to be revised at the mid-point if necessary

## ANNEX B: CLINICAL TRAINING

Name of Course	Duration (days)	Provider/ TI	Total Participant	Male	Female	Participants (Type)
<i>Child Health:</i>						
Training on F-IMCI	11	RTM	103	0	103	Paramedics
ToT on C-IMCI	6	RTM	40	17	23	Paramedics, Service Promoter
Refresher Training on EmOC & CPR	1	SSFP	54	6	48	Medical Officer, Paramedics
Refresher Training on IP	1	SSFP	74	56	18	Medical Officer, Lab Technician
<i>Family Planning:</i>						
Training on FPCSC	12	PSTC	83	0	83	Paramedics
Training on Implant	3	AITAM	16	0	16	Medical Officer, Paramedics
Training on NSV	8	AITAM	8	2	6	Medical Officer, Paramedics
Training on Counseling	3	PSTC	30	0	30	Paramedics
Training on STI/RTI	5	RTM	40	0	40	Paramedics
<i>Maternal Health:</i>						
Training on Other Reproductive Health (ORH)	6	OGSB, AITAM	80	0	80	Paramedics
Training on Safe Delivery	21	OGSB	38	0	38	Paramedics
Clinical Orientation on Maternal and Neonatal health	4	GOB/DGF P	16	10	6	Monitoring Officer, Project Manager
<i>Tuberculosis:</i>						
Basic Training on Tuberculosis	5	GOB/NTP	57	29	28	Medical Officer, Clinic Manager
Basic Laboratory Training on Sputum Microscopy for AFB	6	GOB/NTP	21	11	10	Lab Technician
Community based P M D R- TB	3	URC-NTP	2	1	1	Project Director
<b>Total</b>			<b>662</b>	<b>132</b>	<b>530</b>	

## OTHER CLINICAL TRAINING CONDUCTED DURING THE QUARTER:

Name of Course	Duration (days)	Provider/ TI	Total Participant	Male	Female	Participants
LAPM Training	12	Mayer Hashi/EH	2	0	2	Paramedics
Training on Implanon	4	Mayer Hashi/EH	15	5	10	Medical Officer, Project Manager
LAPM Training (Clinical Monitoring)	2	Mayer Hashi/EH	21	19	2	Monitoring Officer, Project Manager (Q)
Basic LAPM Training	12	Mayer Hashi/EH	8	0	8	Paramedics
Training on `PP-FP`	3	Mayer Hashi/EH	9	0	9	Medical Officer, Project Manager
Active Management of Third Stage of Labor	1	Mayer Hashi/EH	32	9	23	Medical Officer, Project Manager
Regional Clinical Training	2	SSFP - NTST	122	19	103	Selected Medical Officer & Project Manager from SS Ultra Clinics
Infant & Young Child Feeding (IYCF) and Hygiene Training	3	SSFP/FA NTA	165	40	125	Medical Officer, Project Manager, Service Promoter, Counselor

## ANNEX D: HEALTH FACILITIES REHABILITATED

Health Facilities Rehabilitated, Upgraded, and Converted in Year 5				
<i>Sl</i>	<i>Name of Clinic</i>	<i>NGO</i>	<i>Status</i>	<i>Quarter</i>
1	Bhola	CWFD	Rehabilitation	Q1
2	Tajhat	UPGMS	Rehabilitation	Q1
3	Chakaria	FDSR	Basic EmOC to Comprehensive EmOC	Q2
4	Chapai Naabagonj	TILOTTOMA	Basic EmOC to Comprehensive EmOC	Q2
5	Moulvi Bazar	SSKS	Vital to Comprehensive EmOC	Q2
6	Baghmara	JTS	Vital to Comprehensive EmOC	Q2
7	Karimpur	SSKS	Rehabilitation	Q2
8	West Bakalia	Niskriti	Rehabilitation	Q2
9	Kalihati	SWANIRVAR	Rehabilitation	Q2
10	Monpura	SWANIRVAR	Rehabilitation	Q2
11	Solla	SWANIRVAR	Rehabilitation	Q2
12	Poujan	SWANIRVAR	Conversion	Q2
13	Charfassion	SWANIRVAR	Conversion	Q2
14	Adabar Clinic	SWANIRVAR	Vital to Comprehensive EmOC	Q3
15	Lalmohon	SWANIRVAR	Rehabilitation	Q3
16	Kuliar Char	SWANIRVAR	Rehabilitation	Q3
17	Gopalpur	SWANIRVAR	Rehabilitation	Q3
18	Tongi	SWANIRVAR	Rehabilitation	Q3
19	Charfession	SWANIRVAR	Rehabilitation	Q3
20	Tazumuddin	SWANIRVAR	Rehabilitation	Q3
21	Salla	SWANIRVAR	Rehabilitation	Q3
22	Pujan	SWANIRVAR	Rehabilitation	Q3
23	Katiadi	SWANIRVAR	Rehabilitation	Q3
24	Monpura	SWANIRVAR	Rehabilitation	Q3
25	Kalihati	SWANIRVAR	Rehabilitation	Q3
26	Sylhet	SSKS	Rehabilitation	Q3
27	Mymensingh	CWFD	Vital to Basic EmOC	Q3
28	Sherpur	BAMANEH	Basic EmOC to Comprehensive EmOC	Q3
29	Keranigonj	BAMANEH	Rehabilitation	Q3
30	Jamal khan	Niskriti	Rehabilitation	Q3
31	Mongla	CRC	Rehabilitation	Q3
32	Morel Gonj	CRC	Rehabilitation	Q3
33	Bagherhat	CRC	Rehabilitation	Q3
34	Mulatole	UPGMS	Rehabilitation	Q3
35	Tajhat	UPGMS	Rehabilitation	Q3

<b>Health Facilities Rehabilitated, Upgraded, and Converted in Year 5</b>				
<b>SI</b>	<b>Name of Clinic</b>	<b>NGO</b>	<b>Status</b>	<b>Quarter</b>
36	Naogaon	Tillottoma	Basic EmOC to Comprehensive EmOC	Q3
37	Aftabnagar(Rampura)	PSTC	Rehabilitation	Q3
38	Laksum	Sopiret	Vital to Comprehensive EmOC	Q3
39	Kutubpur	JTS	Basic EmOC to Comprehensive EmOC	Q3
40	Fatikchari	SUS	Rehabilitation	Q3
41	Rangunia	SUS	Rehabilitation	Q3
42	Thakurgaon	KANCHAN	Basic EmOC to Comprehensive EmOC	Q3
43	Newtown	KANCHAN	Rehabilitation	Q3
44	Saidpur	KANCHAN	Rehabilitation	Q3
45	Paharpur	KANCHAN	Rehabilitation	Q3
46	Potiya (Rural)	FDSR	Rehabilitation	Q3
47	Bashkhali	FDSR	Rehabilitation	Q3
48	Cox's Bazer	FDSR	Rehabilitation	Q3
49	Boroigram	JTS	Rehabilitation	Q3
50	Ramu	FDSR	Basic EmOC to Comprehensive EmOC	Q3
51	Anwara	FDSR	Basic EmOC to Comprehensive EmOC	Q3
52	Savar	SWANIRVAR	Rehabilitation	Q4
53	Gopalpur	SWANIRVAR	Rehabilitation	Q4
54	Dewangonj	SWANIRVAR	Rehabilitation	Q4
55	Kalapur	SSKS	Rehabilitation	Q4
56	Jamalpur	BAMANEH	Rehabilitation	Q4
57	Sherpur	BAMANEH	Rehabilitation	Q4
58	Chapai Nawabgonj	TILOTTOMA	Rehabilitation	Q4
59	Naodapara	TILOTTOMA	Rehabilitation	Q4
60	Naogaon	TILOTTOMA	Rehabilitation	Q4
61	Bheramara	PSKS	Rehabilitation	Q4
62	Daulatpur	PSKS	Rehabilitation	Q4
63	Gangni	PSKS	Rehabilitation	Q4
64	Jhenaidah	PSKS	Rehabilitation	Q4
65	Kushtia	PSKS	Rehabilitation	Q4
66	Meherpur	PSKS	Rehabilitation	Q4
67	Raozan	SUS	Rehabilitation	Q4
68	Laksum (Urban)	SOPIRET	Rehabilitation	Q4

## ANNEX E: CLINIC WITH STOCKOUTS IN YEAR 5

SI	Name of NGO	2011			2012									Clinic name	Remarks
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
1	BAMANEH			1							0	0	0	Sonatola	All
2	BANDHAN			0							0	0	0		
3	CRC	0	0	0	0	0	0	0	0	0	0	0	0		
4	CWFD	0	0	0	4	4	4	0	0	0	0	0	0	Manikdi, Hazaribag, Shahjadpur, Wari	IUD, Injectable
5	FDSR			4							0	0	0	Chandanish, Satkania, Teknaf, Khagrachari	Implanon
6	IMAGE	0	0	0		0	0	5	5	5	0	0	0	Jalalabad, Nasirabad, Chandgaon, Amanbazar, North Kattali	All
7	JTS			5							0	0	0	Jibonnagar, Madan, Puran bazar, Singair, Sreepur	Pill, Condom, IUD
8	KAJUS	0	0	0	0	0	0	0	0	0	0	0	0		
9	KANCHAN	0	0	0	0	0	0	0	0	0	0	0	0		
10	NISHKRITI			0	1	1	0			1	4	0	0	Dewanhat, West Bakalia, West Madarbari, Jamal Khan, rangipara, Firingee Bazar, North Halishahar, Pahartali	IUD, Injectable
11	PKS			8							0	0	0	Mirer Danga, Maniktola, Moheswarpasha, Pabla, Deana, Daulatpur, Shadubagan, Khalishpur	All
12	PROSHANTI	0	0	0	0	0	0	0	0	0	0	0	0		
13	PSF	0	0		0	0	0	0	0	0	0	0	0		
14	PSKS	0	0	5	0	0	1	0	0	0	0	0	0	Bheramara, Gangni, Daulatpur, Jhenaidah, Meherpur, Kushtia	Implant, IUD

SI	Name of NGO	2011			2012									Clinic name	Remarks
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
15	PSTC	0	0	4	0	0	0	0	0	0	0	0	0	Mirpur, Green road, Kathalbagan, Shantinagar	IUD, Injection
16	SGS	0	0		1	1	1	0	0	0	0	0	0	Kashiani	Implanon, IUD, Pill, condom
17	SHIMANTIK	0	0	0	0	0	0	0	0	0	0	0	0		
18	SOPIRET	0	0	0	0	0	0	0	0	0	1	1	1	Laksham urban	All
19	SSKS			0							0	0	0	Kalapur	
20	SUPPS										1	1	1	Srimongol	All
21	SUS	0	0	0	0	0	0	0	0	3	6	6	6	Rangunia, Fatikchari, Sitakunda Rural, Sandwip, Sikakundu urban, Raozan	All
22	SWANIRVAR	0	0		0	0	0	0	0	0	0	0	0		
23	TILOTTAMA	0	0	2	1	1	1	0	0	0	0	0	0	Chapai Nayabganj, Namorajampur	Injectable
24	UPGMS	0	0	1	6	6	6	0	0	0	0	0	0	Mulatole, Tajhat, Purbo Shalbon, Kurigram, Lalmonirhat, Haragach.	IUD, Implanon
25	VFWA			0							0	0	0		
26	VPKA			3		0	0				0	0	0	Bhedarganj, Goshairhat, Zangira	All
	<b>Total</b>			<b>33</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>5</b>	<b>5</b>	<b>9</b>	<b>12</b>	<b>8</b>	<b>8</b>	<b>66 clinics are common</b>	

## ANNEX F: LAB EXPANSION

Annex-Lab Expansion			
Sl#	Name of NGO	Clinic	District
1	JTS	Kutubpur	Narayangonj
2	JTS	Sigra	Natore
3	Tilottama	Naogaon	Naogaon
4	Tilottama	Chapai N gonj	Chapai Nowabgonj
5	PSKS	Daulatpur	Kustia
6	PSKS	Bheramara	Kustia
7	CWFD	Mymenshing	Mymenshing
8	VFWA	Shariatpur	Shariatpur
9	VFWA	Shib Char	Shariatpur
10	SSKS	Kalapur	Sylhet
11	UPGMS	Lalmonirhat	Lalmonirhat
12	JTS	Paikpara	Narayanganj
13	PSF	Shahzadpur	Sirajganj

## **ANNEX G: MEMBERSHIP COUNCIL MEETING NOTES**

### **Minutes of the Membership Council Meeting**

**Date: July 08, 2012**

**Venue: SSFP Conference Room, Gulshan, Dhaka**

A meeting of SSFP's Membership Council (MC) was held today, July 08, 2012 in SSFP's Conference Room. The objectives of the meeting were to discuss policy issues of the network, share experience on the practices of ethical issues, briefly review the performance of the network and discuss the importance of corporate identity. The contact persons of SSFP partnering NGOs and representatives from SSFP attended the meeting.

Ms. Sultana Kamal, a former adviser to the Caretaker government of Bangladesh and current chair of Transparency International Bangladesh, was guest speaker on 'Reinforcing Ethical Practices in NGOs.' MC representatives actively participated in the lively discussion. Dr. Sharmina Sultana, Project Management Specialist of USAID, was also present at the meeting.

In her speech, Ms. Sultana Kamal said that ethics is nothing but to be accountable to one's own conscience. Referring to the spirit of the Liberation War, she said the time has come contribute to the country.

Following Ms. Kamal's address, the Council reviewed the minutes of the previous MC meeting and subcommittee meeting. The MC recommended SSFP to further discuss with USAID on the issues of charging a portion of NGO management costs to SSFP's grants budget, bringing an end to the SSHS Trust, uniform clinic timing and increasing the number of satellite session in urban slum areas. Finally, Mr. Kazi Shamsul Amin, Communication Specialist of SSFP, made a presentation on the 'Importance of Corporate Identity'.

Mr. Mozzammel Hoque, Acting CoP of SSFP, thanked all MC members for their continued support and urged all to be more vigilant on the performance of the network.

## ANNEX H: YEAR 5 DELIVERABLES MATRIX – AS OF SEPTEMBER 30, 2012

No.	Deliverable	Status
1	Address and implement all the audit recommendations given in the USAID’s Agency–contracted “Audit of Statement of Program Income Earned and Used” no later than December 31, 2011.	<ul style="list-style-type: none"> <li>• Updated action plans submitted to USAID on 11/29/2011</li> <li>• A meeting was held with SSFP staff and COTR on 01/02/2012</li> <li>• Based on the meeting, SSFP submitted an updated action plan on 01/05/2012</li> <li>• Meeting held with SSFP staff, COTR, and OFM rep to discuss updated action plan on 01/11/2012</li> <li>• SSFP submitted an updated action plan as of 30 July 2012 to COR on 08/30/2012.</li> <li>• SSFP grants and NOT continually monitor NGOs and clinics to ensure audit recommendations are followed</li> </ul>
2	Organize regular periodic meetings of Governing Council to take consultative and mutually acceptable decisions on key policy and strategy issues that affect the network.	<p>Completed. The following Membership Council meetings were held:</p> <ul style="list-style-type: none"> <li>• 10/24/2011</li> <li>• 12/20/2011</li> <li>• 02/27/2012</li> <li>• 05/07/2012</li> <li>• 07/08/2012</li> </ul>
3	Obtain COTR’s approval on reviewed entire NGO activity proposal and financial parameters after assessing feasibility and impact of activities proposed, the related budget and other related financial and procurement information.	<p>Completed.</p> <ul style="list-style-type: none"> <li>• COTR approval of grant agreements covering period of October 2011 – June 30, 2012 was received on November 1, 2011</li> <li>• SSFP will seek approval for grant agreements covering the period of July 2012 – September 2012</li> <li>• Work Plan approval received on 12/19/2011</li> </ul>
4	Develop an innovative and credible plan for identifying target populations to increase the share of beneficiaries who are poor and to provide them with high-impact ESP services.	<p>Completed.</p> <ul style="list-style-type: none"> <li>• Proposal submitted on 9/20/2011 and business plans completed in July 2011.</li> </ul>

5	Continue administering a program of declining grants	Completed. <ul style="list-style-type: none"> <li>Grants management and program income expenditures implemented according to approved work plan and regulations.</li> </ul>
6	Develop and submit rational cost recovery and expenditure plan	Completed. <ul style="list-style-type: none"> <li>Work plan approval received 12/19/2011</li> </ul>
7	At least 45 percent of costs recovery (program income, donations, grants, funds leveraged through alliance)	Year 5 cost recovery achieved was 35.1% <sup>4</sup> . This shortfall is in part due to the increase in capital expenses in Year 5. Without capital expenses, the cost recovery target for the year is approximately 36 percent. In comparison with year 4, SSFP lost the support of strategic partner Grameen Phone at the end of Year 4 which has affected the cost recovery. Also, SSFP served more poor during the year; approximately 33 percent as compared to Year 4's 31 percent. Finally, SSFP provided a COLA increase of 10% to all network staff (NGO and clinic level) in March of 2012 to offset the rise in the exchange rate. This COLA increase had an effect of the operating costs of the network as approximately 65 percent of the operating costs are salaries.
8	At least 5 percent increase in service contacts from Oct 2010- September 2011 level.	SSFP achieved a 2.8 percent increase in service contacts from Year 4. To achieve this increase, SSFP implemented ANC, PNC, & newborn campaigns in March, a Safe delivery campaign in May/June and safe delivery and family planning campaigns in September.
9	At least 31 percent of service contacts are for the poor	Completed <ul style="list-style-type: none"> <li>32.97%</li> </ul>
10	100 percent of clinics implementing a continuous quality improvement plan	Completed.
11	A supportive supervision plan for local NGO partners developed and followed to support and supervise clinics	Completed. <ul style="list-style-type: none"> <li>Submitted to COR for review on February 9, 2012</li> <li>Plan continuously implemented and documented</li> </ul>

<sup>4</sup> Cost recovery percentage achieved October 2011 – August 2012. Final Cost Recovery achieved will be available mid-November.

12	All NGOs in the SSFP network generate, compile, and report routine health information data from every service source of each NGO according to planned schedule	Completed. <ul style="list-style-type: none"> <li>• Launching ceremony on April 2, 2012</li> <li>• Training to be completed April 10, 2012</li> <li>• All clinics begin using system in June 2012</li> <li>• All 26 NGOs generated reports with data from SSFP clinics using the online system. 314 clinics synchronized and uploaded data to the SSFP server by September 2012. 11 clinics had hardware issues and were unable to upload data.</li> </ul>
13	Mechanisms and procedures in place for improved coordination (e.g., periodic meetings, MOU) with local health authorities established at all clinics.	Completed. <ul style="list-style-type: none"> <li>• More than 10,000 meetings held between clinics and local GoB authorities in Year 5.</li> </ul>
14	Appropriately conduct grant management and program income expenditure	Completed. <ul style="list-style-type: none"> <li>• Grants management and program income expenditures implemented according to approved work plan and regulations.</li> </ul>
15	Conduct a baseline needs assessment of the institutional capacity of all local NGO partners to identify their initial strengths, weaknesses and areas of focus for future capacity building	Completed. <ul style="list-style-type: none"> <li>• Submitted to USAID on January 8, 2012.</li> </ul>
16	Based on the findings of the assessment, develop a context-specific institutional capacity strengthening plan for each of the five to 10 best performing NGOs to strengthen their policies, procedures, and systems in the following areas: governance, administration, human resources, organizational management, financial management, project management, performance management, and leadership & team dynamics.	Completed. <ul style="list-style-type: none"> <li>• Ten institutional capacity strengthening plans submitted by March 31, 2012.</li> </ul>
17	Develop time-bound bench marks and roadmap for each NGO partner developed to outline customized capacity building requirements in relation to baseline and pre-determined benchmarks.	Completed. <ul style="list-style-type: none"> <li>• Ten institutional capacity strengthening plans submitted by March 31, 2012.</li> </ul>

18	Ensure that at least three to four of the selected best performing NGOs have sufficiently robust policies, procedures and systems to directly manage USAID funds	<p>Completed.</p> <ul style="list-style-type: none"> <li>• HR training for all 26 NGOs completed by March 18, 2012</li> <li>• Communications training for all 26 NGOs completed by March 28, 2012</li> <li>• Project Cycle Management training for all 26 NGOs completed June 13, 2012</li> <li>• USAID Rules and Regulations Compliance training for the top 6 NGOs completed June 21, 2012</li> <li>• OD help desk continues one-on-one follow up with NGOs</li> <li>• Five NGOs finalized their HR manual</li> </ul>
----	--	---

## ANNEX I: SUCCESS STORIES

In Year 5, SSFP developed a total of nine success stories. Two success stories were developed during the fourth quarter and are included in the following pages.

- *Promoting Health One Door at a Time*
- *Surjer Hashi Health Groups Promote Health-Seeking Behaviors*



**USAID**  
FROM THE AMERICAN PEOPLE

**BANGLADESH**

## FIRST PERSON

# Promoting Health One Door at a Time

**Community Service Providers play key roles promoting health awareness door-to-door in SSFP's catchment area.**



Photo: NILEEMA HUDA KHAN

***“My role as a Smiling Sun CSP has enabled me to empower hundreds of ordinary people in the town of Keraniganj with crucial knowledge about health issues.”***

— Layla Haque

Community service providers (CSPs) play a key role in providing accessible and sustainable health services throughout the Smiling Sun network. CSPs are women who are trained to serve as a resource for health needs and a source of support in their community. CSPs go door-to-door to raise awareness on family planning and maternal and child health. Additionally, they follow up with current Smiling Sun customers and organize regular satellite health awareness programs.

Layla Haque is one of the 6,312 CSPs in the Smiling Sun Network. She has served her community in Keraniganj, Dhaka since the inception of the Smiling Sun Franchise Program. In 2009, Layla received a frantic call from Moina, the mother of one year old Shubho. Her son had been suffering from fever, abdominal cramps, and loose watery stool and was beginning to look very pale. Layla went to the family's house and instantly recognized the symptoms of diarrhea – a leading cause of death among children under five in Bangladesh. She discovered that the baby had not been fed all day and was suffering from dehydration.

“I quickly asked for a jug of drinking water and started mixing in the Orsoline packet I had brought with me,” said Layla. “Shubho's grandmother claimed that the baby would get well if left without feeding any food or liquid for a while [and that] the loose, watery stool will clean the baby from any germs. I explained to the grandmother that not giving any solid or liquid food to a person who is suffering from symptoms of diarrhea is a widespread misconception. The baby should be fed as usual, along with a regular dosage of electrolytic Orsoline solution.”

Upon reflection of her experience as a CSP, Layla commented, “I consider myself quite fortunate because I never thought I could be involved with helping people to this extent, in essence, helping to save lives. My role as a CSP has enabled me to empower hundreds of ordinary people in the town of Keraniganj with crucial knowledge about health issues.”



**USAID**  
FROM THE AMERICAN PEOPLE

**BANGLADESH**

## SUCCESS STORY

# Surjer Hashi Health Groups Promote Health-Seeking Behaviors

**Approximately 8,900 Surjer Hashi Health Groups with more than 240,000 members support SSFP's work in reaching out to the community**



Ferdousi Begum (right) talking with the clinic manager of Savar clinic.

*"I didn't know much about pregnancy related check-ups or the relationship between vaccinations and child survival. In every meeting, the clinic representatives discussed specific issues, which not only enlightened us but also made us motivated to encourage others to take services from the clinic."*

—Ferdousi Begum

The first time Ferdousi Begum visited a Smiling Sun clinic was during her first pregnancy. She came to the Savar clinic in Dhaka to seek medical care and family planning support. Fourteen years later, Ferdousi, now a 50-year old housewife, remains a loyal customer of the Smiling Sun network. Recognizing Ferdousi's enduring loyalty, the Savar clinic manager invited Ferdousi to become a member of the clinic's Surjer Hashi Health Group (SHHG) in June 2010.

Developed by the Smiling Sun Franchise Program, SHHGs are a community-based network of loyal and dedicated Smiling Sun clinic customers. These groups are organized at Smiling Sun clinics and satellite spots and work to mobilize the local community to improve health-seeking behavior. They also help to raise awareness about maternal, child, and reproductive health issues in their communities. SHHG members have organized various activities from small group meetings and peer-to-peer interactions to mass gatherings in observance of special health campaigns.

Ferdousi was uncertain if she should join. However, at her first SHHG meeting, she learned about how she could take an active role in improving the health status of her community. During the last three years, Ferdousi has successfully encouraged at least 20 families to seek health services from the Smiling Sun clinic. She attends monthly meetings and participates in events hosted by the group, such as the annual Safe Motherhood Campaign. Reflecting on her experience, Ferdousi commented that before joining the group, *"I didn't know much about pregnancy related check-ups or the relationship between vaccinations and child survival. In every meeting, the clinic representatives discussed specific issues, which not only enlightened us but also made us motivated to encourage others to take services from the clinic."*

SSFP has established approximately 8,900 SHHGs with more than 240,000 loyal customers as members. They are an essential resource in supporting the work of SSFP health care service promoters and providers in reaching out to the community.