



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



# STRENGTHENING PRIMARY HEALTH CARE DELIVERY IN BANGLADESH

**BANGLADESH SMILING SUN FRANCHISE PROGRAM (SSFP)  
FINAL REPORT**

**30 March 2013**

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





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**On cover: Mothers wait in line for consultation at the Aftabnagar clinic with hopes of better health for their babies.**

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FINAL REPORT**

**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.



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# ACRONYMS

ANC	Antenatal care
ARI	Acute respiratory infection
BAP	Bangladesh HIV/AIDS Project
BDT	Bangladeshi taka (currency)
BRAC	Bangladesh Rural Advancement Committee
CDD	Control of diarrheal disease
CLQC	Clinic-level quality circles
CQC	Clinical Quality Council
CSP	Community service provider
DOTS	Directly observed treatment, short-course
EPI	Expanded Program on Immunization
FANTA	Food and Nutrition Technical Assistance project
GHI	Global Health Initiative
GFATM	Global Fund for AIDS, Tuberculosis, and Malaria
IMCI	Integrated Management of Childhood Illness
IUD	Intrauterine Device
KAFCO	Karnaphuli Fertilizer Company Limited
LAPM	Long-term and permanent methods
MAMA	Mobile Alliance for Maternal Action
MIS	Management Information System
NGO	Nongovernmental organization
NID	National Immunization Day
NIPHP	National Integrated Health and Population Program
NSDP	NGO Service Delivery Program
PAC	Program Advisory Committee
PCN	Postnatal care
QMS	Quality Management System
RSDP	Rural Service Delivery Project
RTI/STI	Reproductive tract infection/sexually transmitted infection
SSFP	Smiling Sun Franchise Program
TB	Tuberculosis
UCEP	Underprivileged Children's Educational Programs
UFHP	Urban Family Health Partnership
UPHCP	Urban Primary Health Care Project
UPPR	Urban Partnership for Poverty Reduction
USAID	United States Agency for International Development

## EXECUTIVE SUMMARY

Bangladesh has made tremendous strides in transforming its society and economy. The country's considerable investments in strengthening the economy as well as its health and welfare systems have been successful in reducing the nation's poverty by nearly a third over the past 20 years.<sup>1</sup> Nevertheless, the country continues to face significant health challenges, which prevent its population from taking full advantage of the country's development successes. Poverty and inequality magnify the problems caused by limited access to high-quality health services and key health information, resulting in stagnant fertility rates and poor health and nutrition among the poor and vulnerable populations.

The United States Agency for International Development (USAID), the U.S. Government's principal development agency, created the Smiling Sun Franchise Program (SSFP) with the goal of improving the health and well-being of the people of Bangladesh. The program worked to complement the Government of Bangladesh's health service delivery infrastructure by expanding access to high-quality health care among underserved populations of the country. SSFP's intervention promoted sustainable solutions by subsidizing the provision of services to the poor and vulnerable populations by generating demand among customers who were able to pay.

SSFP worked to strengthen the capacity of the network of local nongovernmental organizations (NGOs) to expand the quality and variety of affordable health services throughout the country. Focusing on a range of interventions in maternal and child health, family planning, nutrition, reproductive health, and infectious diseases, the program worked to increase access to high-quality health services and products.

SSFP's results contributed to USAID's health goals in Bangladesh of increasing the use of family planning; focusing on long-term and permanent methods; reducing maternal, neonatal, and under-five mortality; improving the nutritional status of women and children; and reducing the burden of tuberculosis. SSFP's activities became more meaningful when the foundation for USAID's Global Health Initiative (GHI) was laid during the program's third year by promoting sustainable and locally owned solutions for improving the country's health system.

**Ensuring sustainability.** SSFP sustainably complemented Bangladesh's health system strengthening activities by supporting network NGOs through a comprehensive organizational development and quality improvement process. SSFP introduced new tools and techniques for network NGOs to improve business planning skills, streamline financial management, and identify human resource issues. Employing a participatory approach, SSFP promoted a strong sense of ownership among the network to ensure the sustainability of its efforts. By the end of the program, each network NGO had incorporated business planning strategies and conducted a baseline self-assessment of their institutional capacity.

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<sup>1</sup> World Bank. (2012). "Bangladesh Overview." Retrieved from <http://www.worldbank.org/en/country/bangladesh/overview>.

SSFP promoted country ownership and invested in Bangladesh's health and development strategies by working closely with the government at the national and local levels. SSFP synced its activities with the government to deliver key health services, including an expanded immunization program, increased access to subsidized family planning commodities, and improved tuberculosis control efforts to its assigned underserved areas of the country. One example of this mutually beneficial relationship was the participation of nine Smiling Sun clinics in the government's Demand Side Financing program. This program distributed health service vouchers to poor women so they could receive free service at Smiling Sun clinics, thereby advancing the shared interest in expanding health care to the poor.

**Promoting quality.** SSFP strengthened internal quality assurance mechanisms to better monitor and evaluate the level of service provided at each clinic. Through self- and peer-assessment methods, SSFP provided network NGO and clinic staff the tools to better monitor their quality of service and make adjustments accordingly. The program enhanced the network's information management and accounting systems by developing an online platform to capture and review the network's programmatic and financial information. Additionally, SSFP researched the program's achievements and best practices to better understand and document innovative health interventions that can be scaled up and shared with the development community. Examples include studies on the usefulness of business planning as a management tool; focus group discussions on antenatal, postnatal, and newborn care services; and an external quality audit.

**Expanding access to vulnerable populations.** SSFP increased access to key health services for vulnerable and underserved populations, with a particular focus on women and girls. SSFP expanded maternal and child health services, including antenatal and postnatal care, safe delivery services, and child nutrition services. By increasing the number of Smiling Sun ultra clinics from 34 to 52, the program expanded access to emergency obstetric care. Through increased numbers of community service providers (CSPs) from 6,000 to 6,320, all of who were women themselves, SSFP was able to reach out to women and girls to promote healthy behavior messages, including delayed marriage and birth spacing, as well as provide direct maternal health and family planning services in the community.

SSFP also expanded its coverage area to improve access to high-quality health services in underserved parts of the country. SSFP analyzed coverage and market information to identify gaps in service to the poor in both urban and rural areas. Of note, SSFP collaborated with the Government of Bangladesh to expand services in the Chittagong Hill Tracts, one of the most underserved and poorest areas of the country. With the support of the government and strategic partners, SSFP established eight new clinics and 322 satellite sites to better reach these vulnerable populations. CEMEX Cement Bangladesh and Karnaphuli Fertilizer Company Limited (KAFCO) supported the construction of two of the new clinics in Shoronkhola and Anowara, respectively, during the program period.

**Collaborating and forging partnerships.** SSFP developed strong and supportive partnerships with a variety of stakeholders to increase its impact through strategic coordination and integration. SSFP’s Program Advisory Committee was an avenue to seek strategic guidance from members of the development and health sector community, including government officials, USAID staff, and other donor projects. During the committee meetings, SSFP explored opportunities for collaboration, knowledge exchange, and resource sharing including strategies for behavior change communication, health educational materials, and training resources. SSFP strengthened and leveraged its relationships with other USAID programs, international NGOs, and multilateral organizations. Other development projects shared their knowledge and resources to help the Smiling Sun network incorporate innovative techniques, such as providing long-acting and permanent family planning methods, “Helping Babies Breathe” newborn resuscitation techniques, and nutrition counseling. SSFP was able to expand the network’s reach and volume of services through customer referrals and satellite services made by collaborating donor projects.

Finally, SSFP capitalized on corporate social responsibility interests of the private sector by developing a sustainable source of funding for the Smiling Sun network. Notable partners included Chevron, Grameenphone, H&M, CEMEX Cement Bangladesh, KAFCO, Akij Cement, and Dutch Bangla Bank Limited. These private partners contributed to the construction and operating costs of clinics as well as the purchasing of essential clinical equipment and upgrading computer systems. Fee-for-services agreements with private companies also brought in more customers to the network. Over the life of the program, SSFP leveraged \$25.56 million from strategic partners, including \$7.16 million from the private sector.

# SSFP'S ACHIEVEMENTS IN NUMBERS

## EXPANSION

- Rehabilitated all 327 clinics to meet SSFP's brand and quality standards
- Upgraded 17 clinics from vital to ultra status
- Established eight new clinics and 322 new satellite sites

## REACH

- Made more than 199.6 million service contacts. Of these, 27.78 percent were to poor patients
- CSPs account for approximately 45 percent of all service contacts: 18 percent in urban and 58 percent in rural areas

## TRAINING

- Trained 2,066 health practitioners in evidence-based clinical maternal health, child health, neonatal health, and reproductive health.

## SERVICE

- Performed 99,512 deliveries with a skilled birth attendant
- Held 5.9 million antenatal care consultations and 1.64 million postnatal care consultations
- Achieved 7.58 million couple-years of protection through increased contraceptive use
- Immunized 40 million children
- Provided 11.6 million children under age 5 with Vitamin A supplement
- Treated 8,187 tuberculosis patients

## SUSTAINABILITY

- Achieved a cost recovery rate of 35 percent
- Generated BDT 1,279,279,330 (approximately \$17.7 million) in program income
- Leveraged \$25.56 million in financial support from strategic partners

## INTRODUCTION

### Background

USAID, the Government of Bangladesh, and many development partners have collaborated to achieve significant improvements in the health and well-being of the people of Bangladesh over the past 40 years. Between 1971 and 2011, life expectancy in Bangladesh increased from 41 to 68 years. The country’s fertility rate dropped by 68 percent and child mortality dropped 80 percent.<sup>2</sup> Nevertheless, Bangladesh continues to face multiple health challenges. Bangladesh has the highest population density in the world, and some 43 percent of the population lives on less than \$1.25 daily.<sup>3</sup> Poverty, combined with poor sanitation and hygiene and limited access to services, results in high incidence of infectious diseases, malnutrition, and early mortality among women and children. Although progress has been made in slowing population growth, Bangladesh’s population is expected to reach 230 million by 2050.<sup>4</sup>

The Government of Bangladesh has worked to address the country’s growing health needs. Health policies focus on developing an integrated system to provide health care services to everyone in the country, with an emphasis on reaching women, children, the poor, and the marginalized. The Ministry of Health and Family Welfare developed an essential services package — including reproductive health, maternal and child health, communicable disease control, and limited curative care — to promote access to basic health services for these populations. While the public health care system is extensive, it is plagued by issues of quality and equitable access due to under-trained staff and the lack of medical equipment and essential drugs. These challenges discourage those who can



CSPs gather in their Smiling Sun uniforms at a clinic opening ceremony.

<sup>2</sup> “World Bank Data, Bangladesh.” Data retrieved November 2, 2012, from World Bank Databank.

<sup>3</sup> Ibid.

<sup>4</sup> USAID. (2010). “Health Sector Overview.” [http://transition.usaid.gov/bd/files/PHNE\\_Sector\\_Brief.pdf](http://transition.usaid.gov/bd/files/PHNE_Sector_Brief.pdf).

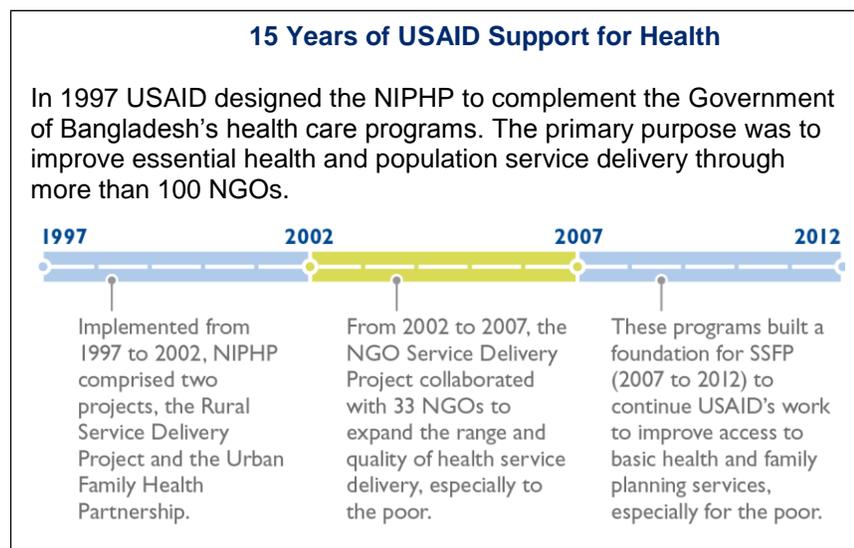
pay for health care from relying on the public sector alone for services, resulting in an increased use of alternative health care sources. The poor, particularly in rural areas, have limited access to health facilities to seek treatment of any kind. Even where services are available, the poor are only able to afford low-quality care or must choose to go without.

## USAID's Response

The U.S. Government, through USAID, has provided more than \$6 billion in development assistance to Bangladesh since 1971. In 2012, USAID provided more than \$200 million to improve the lives of people in Bangladesh. USAID supports programs in Bangladesh that expand food security and economic opportunity, promote democratic institutions and practices, improve health and education services, and increase resiliency to climate change through adaptation and low carbon development. USAID's health priorities for Bangladesh complement those of the government, including lowering the fertility rate, reducing child and maternal mortality, and mitigating the effects of infectious diseases such as HIV and tuberculosis. In 1997, USAID initiated its flagship health service delivery program, the National Integrated Health and Population Program (NIPHP). It aimed to fill gaps in services that the public sector was unable to fill, particularly reaching underserved areas and providing subsidized care to the poor. USAID aimed to build up a sustainable network of NGO health service providers to assist the government in delivering essential health services. Through successive programs USAID has worked to build local capacity among network NGOs, some of which have been operating for nearly 30 years.

While USAID had been successful in strengthening and expanding the capacity of its network NGOs to provide high-quality health care around the country, these organizations continued to rely on USAID for operational funds. When the USAID/Bangladesh mission was facing potentially significant budget cuts in its health care programs in 2006, these NGOs were at risk of losing their main funding source and lacked the capacity to seek support elsewhere.

A 2006 evaluation of USAID's NGO Service Delivery Project, the precursor to SSFP, stressed the need to move to a more sustainable financing model. In planning the next iteration of its health care project, USAID heavily stressed the need for network NGOs to become more financially independent while



continuing to deliver high-quality care. In 2007, USAID designed and funded SSFP to help the NGOs become financially independent and organizationally sound enough to seek financial support from alternative lenders or donors by the end of the program.

## **SSFP Program Summary**

The Smiling Sun Franchise Program collaborated with 26 NGOs to deliver high-quality and affordable health services through a network of 327 clinics, 8,838 satellite clinics, and 6,320 CSPs in all 64 districts of Bangladesh. The program's overall goals were to increase access to essential health services, particularly to the poor, in the network's catchment areas. By integrating improved business practices and strengthening service quality, SSFP worked to build the capacity of network NGOs to achieve the overarching goal of financial sustainability. Success also depended on increasing cost recovery rates by attracting customers who are able to pay for services while continuing to provide subsidized services to the poor.

USAID committed \$46 million for the program over a four-year period (2007 to 2011). The program was later extended for another 16 months with additional funding of approximately \$11 million. In the program's third year, SSFP was reengineered to deemphasize the franchise model that primarily stressed high user-fee generation. Efforts to establish an independent franchise management organization ceased. The program instead focused on maintaining the level of cost recovery that had been achieved while concurrently working to increase the overall number of service contacts and further expand services to the poor.

During the program's extension, SSFP was further charged with building the capacity of network NGOs. SSFP developed trainings to help NGOs become organizationally and financially sound enough to seek outside assistance, whether it be from a bank loan, funding from another organization or donor, or a direct grant opportunity from USAID. By the end of the program, twelve network NGOs had robust policies, procedures, and systems. These capacity building efforts have created a firm cornerstone to support the sustainable provision of high-quality health care that is efficient, equitable, and affordable.

### **SSFP'S Program Objectives**

- A Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation. In Year 5 of the program, this objective was altered to focus on functionalizing and strengthening the established Governing Council.
- 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.
- NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for essential service delivery), coverage of poor clients, and range of services available and quality of care.
- The capacity building of local partner NGOs is supported through formal workshops, on-site visits, training, and monitoring (added in Year 5).



## SUCCESS STORY

# A Lasting Relationship with the Smiling Sun Network

**The high-quality health care service makes loyal customers for the Smiling Sun network.**



Photo: FDSR

Lucky Talukdar with her husband Titu and daughter Reema.

***“During the birth of our second baby, my condition was so critical that I never thought I would survive. I got a new life in this clinic. So whenever there are medical needs in my family or neighbor’s, I refer [them] to this clinic.”***

**— Lucky Talukdar**

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In a country where one in 51 women might die due to complications during childbirth<sup>5</sup>, Lucky Talukdar could have been one more addition to this grim statistic. In 2009, Mrs. Talukdar was admitted to the Smiling Sun Clinic in West Bakalia with a ruptured uterus, a potentially fatal condition for both mother and child if not treated quickly and effectively. Doctors raced to treat Ms. Talukdar and perform an emergency Caesarean section, resulting in the birth of a healthy baby girl.

Today, mother and daughter are alive and well thanks to the availability of the high-quality emergency obstetric care services she received at the Smiling Sun Ultra franchised clinic operated by Nishkriti Rahattar Pool in West Bakalia, just one of 52 Ultra clinics in the Smiling Sun Network where these emergency services are available.

Mrs. Talukdar had previously given birth to her elder daughter at local government hospital where she encountered large crowds, long wait times, and limited attention from hospital staff due to the high volume of clients. Reversely, at the Smiling Sun clinic, Mrs. Talukdar was glad to find the staff highly skilled and responsive to her needs. Due to the high-quality care she received after the successful delivery of her daughter, Reema, Mrs. Talukdar was able to go home four days later, compared to her protracted 15-day stay at the government hospital.

Since then, the Talukdar family has continued their relationship with Smiling Sun clinic, despite its location 20 kilometers from their home. Mrs. Talukdar and her husband, Titu, have referred a number of their family and friends to the clinic. Mrs. Talukdar explained, “During the birth of our second baby, my condition was so critical that I never thought I would survive. I got a new life in this clinic. So, whenever there are medical needs in my family or neighbors, I refer [them] to this clinic.” The Talukdars regularly return to the Smiling Sun clinic for vaccinations, family planning, as well as other limited curative care services offered by the clinic.

<sup>5</sup> Maternal Mortality in 2005 joint report by WHO, UNICEF, UNFPA, and World Bank.

## ESTABLISHING THE SMILING SUN NETWORK

### SSFP's Vision

SSFP aimed to transform the way USAID's network of NGOs and clinics operated by promoting the concepts of accountability, quality monitoring, and self-reliance. The initial vision for the program was to convert USAID's network of NGOs into a locally run, market-oriented, and financially sustainable social franchise. In staying true to the social franchising paradigm, the program promoted a "double bottom line" approach: achieve financial self-reliance by raising program income while still expanding high-quality health services to the poor and underserved.

During the initial years of the program, SSFP's build-operate-transfer model worked to establish a "Smiling Sun" franchise as a sustainable, locally managed, financially independent entity. SSFP would build the franchise management organization and supportive governing bodies, operate the franchise as the network NGOs went through the franchise conversion process, and, after reaching a specified level of financial returns and operating capacity, then transfer the franchise into local hands for long-term management.



**Establishing the Smiling Sun Network.** As part of this effort, SSFP worked to build better recognition of the Smiling Sun (*Surjer Hashi* in Bangla) brand as a provider of high-quality services at affordable prices to attract and retain customers. The program team conceptualized a new look for the clinics that included red and yellow stripes and enhanced the Smiling Sun logo by adding a new tagline, "Smiling Sun clinic for all." Through clinic upgrades and on-the-job training of health service providers, SSFP worked to improve the quality and volume of health services available at Smiling Sun clinics. The program developed a Health Franchise Manual, which outlined all aspects of brand development and management as well as standards of practice on clinic procurement, financial performance, and inventory management to promote transparent and responsible management practices. SSFP facilitated training workshops to introduce network NGOs to the concept of social franchising and the standards of business practice that were required to participate in the Smiling Sun franchise.

### Shifting Gears While Maintaining Values

In the first few years of the program, SSFP focused heavily on establishing the Smiling Sun franchise management structure and brand while concurrently enhancing the financial and managerial systems of the network NGOs. This was a fundamental shift in the way NGOs had done business for the past decade. In response to feedback from

network NGOs and in light of the program’s April 2010 midterm assessment, USAID refocused SSFP. The program’s new approach to achieve sustainability was to focus on building the capacity of each network NGO directly to better manage internal systems and operations. Rather than strengthening one outside organization to run and oversee the network, SSFP worked to strengthen ties and encouraged collaboration among network NGOs to promote local ownership and management from within. SSFP also shifted gears to lessen the focus on cost recovery, acknowledging that a fully functioning social franchise in just four years was unlikely. Network NGOs were tasked to maintain the current benchmark of cost recovery while continuing to steadily increase the percent of service contacts to the poor. While the program’s approach was modified, SSFP’s original principles of sustainability, accountability, serving the poor, and quality remained consistent as the primary drivers of its activities.

### **Forming the Smiling Sun Network’s Governing Council**

From the beginning, SSFP prioritized the establishment of a Governing Council to discuss key policy and strategy issues affecting the network and to assure the voices of the network NGOs were heard. The Governing Council, made up of three managerial bodies — the Membership Council, the Program Advisory Committee (PAC), and the Clinical Quality Council (CQC) — worked to develop the capacity of its network NGOs to effectively and efficiently manage resources and provide internal leadership and vision.

The Membership Council served as a forum for sharing knowledge, experience, and resources across the 26 NGOs in the network. SSFP served as a secretariat to the membership council. This council provided a safe space for NGOs to share ideas and express opinions, regardless of the size of their organization, the number of clinics they manage, or their membership tenure. The council played an important part in advancing network support and advocacy. In the fifth year, council meetings also included capacity building interventions to institutionalize policies and practices, promote transparency and ethics, and build the leadership skills. The Program Advisory Committee served as a platform for strategic coordination among the Government of Bangladesh, USAID, and development agencies. The PAC promoted collaboration to expand the number and variety of key health products and services and raise awareness on key health issues. The PAC helped to align the agendas of different development partners with government objectives and explore opportunities for collaboration. Working with national and local government counterparts at PAC meetings gave SSFP access to new opportunities to reach the poor through new health services, free contraceptives, and expanded clinic locations. SSFP was able to coordinate and strengthen referral links with government and other donor projects to address gaps in service as well as encourage more customers to frequent Smiling Sun clinics.

SSFP’s CQC was the apex body in its quality management system. The CQC reviewed the findings of the various levels of quality monitoring and took appropriate steps to improve the quality of services. The CQC consisted of monitoring officers from all network NGOs, ensuring knowledge and lessons learned regarding issues of clinic quality were shared throughout the network.

## MAKING THE NETWORK MORE EFFICIENT

### Increasing Network Efficiency

Sustainability can only result in an environment in which decreasing resources are used more efficiently. Since the onset, SSFP planned to reduce its dependence on grant resources while increasing service output especially to the poor and underserved at free or reduced cost. To accomplish this, SSFP worked to promote a businesslike approach to health service delivery. The goal was to increase the efficiency of the network by being responsive to the needs of the market and more effectively using resources. SSFP worked closely with network NGOs to survey their market and integrate business planning, financial management, and quality monitoring strategies to determine opportunities for clinic and service expansion.

*Clinic rationalization.* A key factor in promoting the Smiling Sun brand was to ensure responsiveness to the health needs of customers. SSFP developed three clinic types (satellite, vital, and ultra), which offered service package options based on customer needs, preferences, and ability to pay. Through its business plan approach, SSFP worked

with network NGOs to rationalize the number and type of staff in clinics to address redundancies and gaps in service. By reviewing their current capacity and analyzing market research, network NGOs worked to develop their own business plan for upgrades, increase in services, and expansion. Responding to the needs identified through this process, network NGOs could choose to increase services by upgrading to an ultra clinic, or establish a new satellite spot to expand into hard-to-reach areas.

**Upgrading financial and information management.** To promote greater transparency and accountability, SSFP helped NGOs improve their financial and program information management systems. SSFP worked with a local software development company to upgrade the network's management information system (MIS) to an online platform and create an online accounting system. This system captured and transmitted service transactions electronically, thereby strengthening internal controls as well as improving data quality and timeliness of reporting. Additionally, these systems helped network NGOs to better monitor financial accountability. The implementation of the new system was supported by the donation of 320 netbook computers from the Dutch Bangla Bank.

#### SSFP Clinic Models



**Smiling Sun Satellite Session:** Basic services provided by paramedics and CSPs. Satellite teams are associated with static clinics and travel to designated spots.



**Smiling Sun Vital:** A clinic with a medical officer providing a basic outpatient essential services package.



**Smiling Sun Ultra:** A clinic with a medical officer providing basic outpatient essential services, safe delivery services, and emergency management of obstetric care.

All of the clinics and NGOs subsequently began using the online system alongside the paper-based MIS to ensure a high-quality system was in place until users were fluent in the online system. SSFP provided system and computer literacy training to NGO and clinic staff members to enhance their ability and confidence in using the online system.

### **Monitoring Quality of Care**

SSFP promoted improved mechanisms for regular monitoring and evaluation of program activities and services to ensure that the network was meeting its goals for providing high-quality health care. SSFP implemented a quality assurance model throughout the network to enhance systems and build capacity for monitoring the quality of care at the clinic, NGO, and program levels. The clinic-level quality circles (CLQC) established by SSFP in all Smiling Sun clinics followed globally recognized guidelines. The CLQC empowered clinic staff to recognize and resolve quality issues within their own clinic. SSFP strengthened and institutionalized the Quality Monitoring and Supervision (QMS) tool across the network so that NGO and clinic staff had a standardized tool for spot-checking quality and ensuring NGO compliance with quality standards. At the program level, SSFP technical support staff oversaw the overall management of clinical quality and routinely monitored NGO and clinic compliance with quality standards. SSFP monitoring visits ensured compliance with quality standards as well as clinical standards for health care and financial management. The quality monitoring system was overseen by the CQC, which was charged with knowledge sharing and ensuring high-quality services were delivered across the network.

The program also expanded supportive supervision techniques to incorporate self- and peer-assessment methods to strengthen communication between supervisors, implementers, peers, and service providers. Additionally, SSFP developed report cards for each clinic, held annual external quality audits, and conducted mystery client consultations to continuously improve the quality of health care provided.

### **Enhancing Service Provider Skills**

SSFP provided clinical training workshops to improve the performance of health service providers. The program used a “Learning for Performance” methodology that molded instructional design and learning objectives to specific job responsibilities and competencies, leading to practical job performance improvement. The program additionally promoted a training-of-trainers approach to build the NGOs’ internal capacity to provide training activities on an ongoing basis, thus maintaining the requisite

#### **Promoting Research and Innovation**

The program aimed to build a culture of quality of care by incorporating and disseminating information from international best practices and case studies. SSFP conducted research on the effectiveness of its own activities to improve programming and share best practices and lessons learned. Such as:

- Study Report on Better Utilization of CSPs
- External Quality Audit Report 2009 and 2012
- Mystery Shopper Evaluation
- Focus Group Discussion Report: A Preliminary Assessment of Antenatal Care, Postnatal Care, and Newborn Care Services of Smiling Sun Clinics
- Business Planning as a Management Tool
- Clinic Level Quality Circles Operations Research



Clinic staff practice facilitating group meetings during a Surjer Hashi Health Group training session.

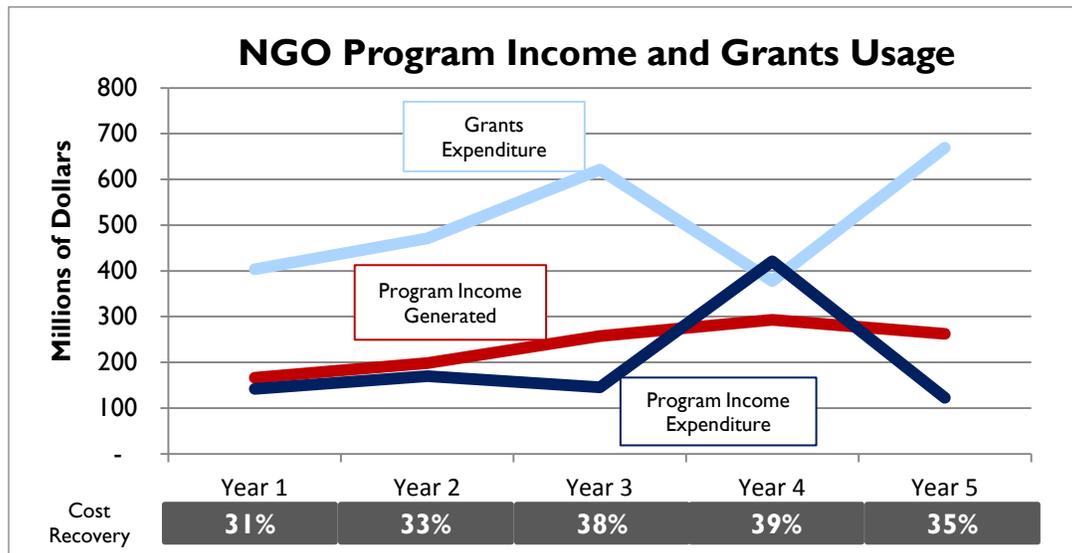
levels of skills and expertise beyond the life of the program. Training needs were monitored by SSFP's quality assurance specialist, who provided post-training follow-up to ensure that service providers were appropriately incorporating new skills and approaches. NGO self-assessments and quality audits helped to track clinic performance and identify performance gaps among service providers, which could then be addressed by additional training or on-the-job support.

### **Promoting Sustainability**

Underlying SSFP's activities was the goal of building self-reliance among network NGOs to mitigate their dependence on donor support. SSFP worked to promote financial sustainability of the network while still pursuing a pro-poor agenda.

**Generating program income.** To help network NGOs make the transition from dependence to self-sufficiency, SSFP developed a program of declining grants for the network. The grant funds demonstrated a reduction trend over the life of the program as each NGO became more financially resilient and able to increase its own cost recovery. Initial grant funding allowed NGOs to finance program activities, renovate clinics, incorporate new business practices, and expand the range, coverage, and quality of services. The steady increase of program income generated over the life of the program demonstrated the network's ability to reduce its reliance on grant funding. While grant money decreased in Year 4, as planned, due to the change in program activities in Year 5, grant funds were subsequently increased to support the NGO organizational development activities. SSFP also established a transparent pricing policy, setting a minimum and maximum price for each clinic, taking into consideration geographic location, rural/urban disparity, and the location of other clinics providing similar services. Within this determined range, each clinic applied its own pricing policy and the price list was posted

in a prominent location for easy access by customers so that they could easily anticipate the cost for care. As NGOs were able to attract and retain more able-to-pay customers, their revenues increased, and therefore they were better able to cover more of their own operational expenses. Since its inception, SSFP has ensured that program income generated through fees for service at Smiling Sun clinics is reinvested in key areas, such as capacity development and operational activities.



**Logistics management.** As part of its health strategy, the government subsidized family planning commodities. The Smiling Sun clinics provide these commodities to customers and ensure proper knowledge of usage. SSFP also worked with 10 pharmaceutical companies to obtain discounted prices for the Smiling Sun network. From these pharmaceuticals, SSFP received an average of 22 percent discounts on market retail price, saving about \$327,000 per year. Being able to purchase commodities at a lower cost, SSFP was then able to pass on the savings to customers while still receiving a modest profit. Additionally, SSFP developed a “zero stock-out” policy and worked to build the capacity of NGOs to properly manage logistics of health supplies. SSFP created guidelines and provided training to network NGOs and clinic staff on proper inventory management to assure that the clinics would be able to meet demands.

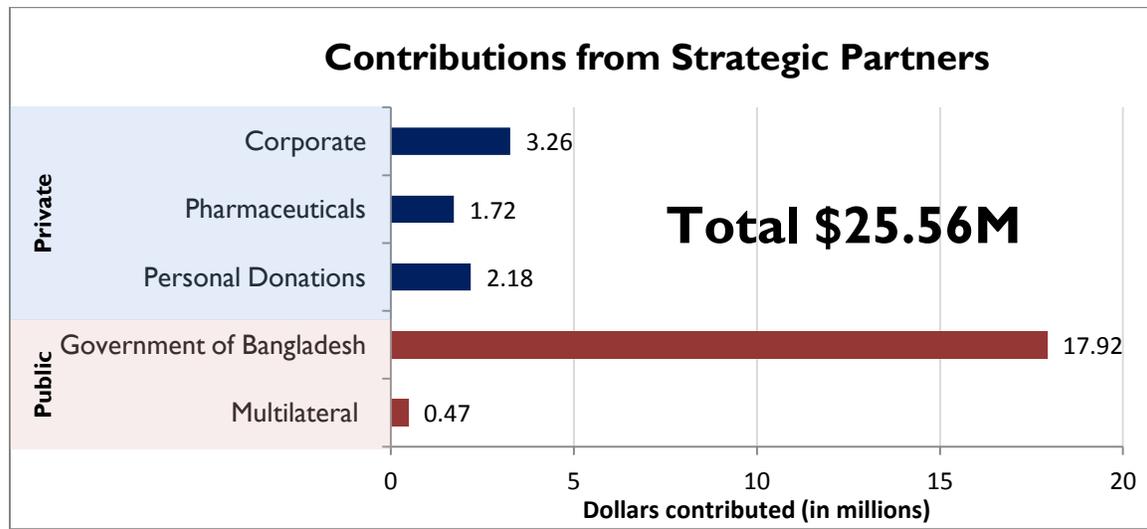
**Partnering with the private sector.** SSFP capitalized on the growing interest of the business community by promoting corporate social responsibility interventions and augmenting their staff’s health benefit packages. These partnerships helped to leverage financial and non-financial support for network NGOs to increase impact. Two Smiling Sun clinic facilities, one in Shoronkhola and one in Anowara, were newly constructed through contributions from CEMEX Cement Bangladesh and KAFCO. Additionally, Chevron covered operational expenses of three clinics in Sylhet. Firms such as H&M, Akij Cement, and British American Tobacco Bangladesh supported SSFP’s fee-for-service model by purchasing health care coverage for employees and their families who previously had no access to health care. A multitude of other firms, such as Dutch Bangla

Bank Limited, Reckitt Benckiser Limited/Dettol, Maersk Line, Advanced Chemical Industries Limited, and Grameenphone, donated goods and services to advance key Smiling Sun initiatives. Of the \$25.56 million leveraged from strategic partners by the end of the program, \$7.16 million came from the private sector.

### Building Self-Reliance

The program’s efforts to promote market-responsive business practices, improved financial management, and expanded high-quality services contributed to an increase in the number of service contacts throughout the network. The annual number of service contacts provided increased by 21.7 percent, from 27.6 million at baseline to 33.6 million served in the project’s fifth year.

Over the life of the program, SSFP achieved 199.6 million service contacts. Of those served, 27.78 percent were poor. With more customers visiting Smiling Sun clinics, the NGOs were able to generate more program income to help recover their costs of operation. Program income generated throughout the network was 58 percent more in Year 5 than in Year 1.





## BEFORE & AFTER SSFP Digitizes Service Delivery Information

***By introducing an online MIS and accounting system, SSFP helps to improve accountability, monitoring, and evaluation.***

SSFP clinics used a paper-based system to manage service delivery and financial information. It was time consuming and cumbersome to manually process the information.

Working with a local software development firm, SSFP created a unique, integrated online management information system (MIS) and accounting system to fit the distinctive needs of the network. This system provides improved internal controls, increases accountability, and reduces the likelihood of human error and the delay in gathering service delivery statistics.

The system was made possible through a public-private partnership with Dutch Bangla Bank, which donated 320 netbook computers for clinics to use the new system.

For many users of the online MIS and accounting system, this is their first experience using a computer. To build the skills required to use the new system, SSFP organized training sessions for 1,040 people, including clinic, NGO, and SSFP staff. The project also provides refresher training sessions and a “help desk” that coaches and mentors to the system’s users.

This robust system will improve SSFP’s monitoring and evaluation of the project and increase the use of data for decision-making.

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Photo: DEVELOPMENT COMMUNICATION NETWORK

**BEFORE** SSFP’s network of clinics, implemented through 26 partner NGOs, previously used a paper-based system to collect service delivery information from its 325 clinics and 8,817 satellite spots.



Photo: DEVELOPMENT COMMUNICATION NETWORK

**AFTER** SSFP’s new online MIS and accounting system helps organize service delivery information in a centralized location.

## EXPANDING THE SMILING SUN NETWORK

### Expansion of Service Volume

SSFP supported USAID's efforts to improve reproductive health, maternal and child health, and nutrition, and mitigate infectious disease in Bangladesh. SSFP promoted improved health service delivery by expanding the range and volume of services provided, raising awareness on key health issues, and improving coordination between key stakeholders.

**Coordinating efforts for health.** SSFP created five topic-based task forces (family planning, maternal and child health, tuberculosis, and diagnostics services) that were charged with advancing key health initiatives among the network. Each task force was led by a topic specialist, a marketing specialist, and an SSFP network operations team member. These task forces identified areas for service expansion, coordinated capacity building efforts, developed behavior change communication strategies, and made improvements in the types of services and commodities offered at Smiling Sun clinics.

**Expanding reproductive health options.** The program expanded the capacity of network NGOs to offer a comprehensive set of family planning services and counseling to customers. SSFP supported the government's strategy by promoting the use of long-term and permanent methods (LAPM) of family planning such as intrauterine devices, sterilization, and implants to reduce the number of unintended pregnancies. SSFP provided clinical training to service providers to improve their knowledge and skills in family planning methods. Service providers were also trained in counseling to ensure high-quality screening, reduce method discontinuation, address side effects, and clarify misconceptions about LAPM. As a result, SSFP achieved 7.58 million couple-years protection by the end of the program.

**Advancing maternal health.** SSFP aimed to improve the health and survival of women and girls by promoting and expanding access to key maternal health services. It provided training to staff on the provision of safe delivery services as well as antenatal and postnatal care counseling. SSFP also expanded the availability of emergency obstetric services by increasing the number of Smiling Sun ultra clinics in the network to 52. These upgraded clinics were equipped with a complete operating theater, medical equipment, and trained personnel to provide essential emergency care services. All clinics that provided normal delivery services were also enhanced to incorporate essential newborn care services. While SSFP encouraged women to give birth at Smiling Sun clinics, selected paramedics were trained as skilled birth attendants for those women who preferred to give birth at home; 72 clinics provided these services, of which 52 were located in urban areas and 20 in rural areas. SSFP also worked with the government's Demand Side Financing Program, which provides vouchers to poor women in exchange for free maternal health services. Nine Smiling Sun clinics participated in this program to provide high-quality maternal care services to poor women and to offer incentives for giving birth with the assistance of a maternal health care provider. Through SSFP's efforts, 5.9 million antenatal care consultations and 1.64 million postnatal care

consultations were conducted, and 99,512 deliveries with a skilled birth attendant were performed.

**Promoting child health and nutrition.** SSFP worked to improve child health by focusing on mitigating common childhood diseases and improving neonatal and child nutrition. SSFP's child health task force promoted implementation of the integrated management of childhood illnesses strategy throughout the Smiling Sun network. To promote the strategy, SSFP added a comprehensive package of child health services to all clinics, including immunizations, growth monitoring, diet counseling, anemia, and de-worming treatment, and Vitamin A supplements. As part of this effort, all except two Smiling



Mothers regularly bring their children to satellite sessions for child health check-ups.

Sun clinics now provide essential vaccinations to protect against the most common childhood diseases. SSFP also incorporated best practices in breastfeeding and infant and young child feeding into clinic services. SSFP developed a Newborn Care Manual and trained staff to disseminate key neonatal and child survival messages, manage minor childhood illness, and refer customers to Smiling Sun clinics. By the end of the project, more than 40 million children were immunized and 11.6 million children under age 5 were provided with Vitamin A supplements.

**Mitigating tuberculosis.** SSFP supported USAID's and the government's commitment to reduce the incidence of tuberculosis by strengthening and expanding NGO capacity to deliver directly observed treatment, short-course (DOTS). By coordinating efforts with the Directorate General for Health Services, the World Health Organization, and the Bangladesh Rural Advancement Committee (BRAC), SSFP worked to ensure that tuberculosis-related activities were not duplicative but complementary and worked to improve patient identification and treatment. These TB efforts were in conjunction with Global Fund for Aids, TB and malaria (GFATM) strategies to improve services in their focus areas. Eight SSFP NGOs provided DOTS therapy and treatment for the ambulatory phase of multi-drug-resistant tuberculosis, through 58 Smiling Sun clinics. During the project, 8,187 tuberculosis patients were provided DOTS.

### Expanding SSFP's Customer Base

**Outreach to customers.** One of SSFP's principle methods for expanding the number of customers was through community-based interventions. By the end of the program, SSFP increased the number and skills of CSPs, who provided door-to-door health services in

their communities, from 6,000 to 6,320. CSPs, all of whom were women, were engaged as front line workers throughout the network to initiate community activation, provide basic health services, and encourage people to visit Smiling Sun clinics, especially in rural areas. CSPs also sold key health commodities, such as contraception, vitamins, and oral rehydration salts. CSPs additionally played a valuable role in spreading key health messages by reaching out to women, expectant mothers, and families to provide counseling on family planning, safe delivery, and child nutrition.

SSFP also organized Surjer Hashi Health Groups to improve clinic-customer interaction, cultivate customer loyalty, and foster a supportive environment for health-driven behavior change. An additional objective was to increase the use of health services among community members. In the case of identified health service needs, Surjer Hashi Health Groups helped to foster mobility of community members to the clinics. These groups were established within the community, which created a greater sense of ownership and participation in raising health awareness. By the end of the program, approximately 9,000 Surjer Hashi Health Groups were formed and functionalized with more than 240,000 members.

**Collaboration for expansion.** SSFP worked to build supportive relationships with the government and other partners to expand the provision of comprehensive health care to reach the poorest and most remote populations. Based on priority districts identified by the Government of Bangladesh and USAID, SSFP expanded operations to provide more comprehensive coverage to areas most in need. In alignment with the government's expansion plan to reach out to the underserved populations in the Chittagong Hill Tracts, SSFP stepped in to spearhead this effort. In 2010 SSFP opened three new static clinics in the region and 97 satellite spots. In 2012, SSFP established 11 additional satellite sites in the region, including fixed satellite sites in most hard-to-reach sub-districts. This partnership marked the first major health project between USAID and the Government of Bangladesh in the Chittagong Hill Tracts. Also in 2012, the government approached SSFP again with an opportunity to expand its services into the Madhabdi municipality in the Dhaka Division, which is a major industrial and commercial area. In October 2012, the Madhabdi local government transferred to SSFP the operation of two clinics and 18 satellite sites, further expanding SSFP's reach to underserved areas.

**Health Benefit Card Program.** SSFP designed the Health Benefit Card Program to promote healthy behaviors and to expand access to health services, particularly to the poor. Able-to-pay customers could purchase this card to receive discounted services. Poor households who qualified for assistance were provided health benefit cards to access free services (up to 20 consultations and four diagnostics services per year). Through community mapping and collaboration with local leaders, service promoters identified and distributed health cards to eligible families. Roughly 90,800 customers purchased or were provided the health benefit card to obtain discounted services for any member of their household.



## SUCCESS STORY

# Smiling Sun Expands Services to Hard-to-Reach Areas

**SSFP and the Government of Bangladesh work together to improve maternal and child health in the Chittagong Hill Tracts.**



Photo: SSFP

*MP and State Minister for the CHT Affairs Mr. Dipanakar Talukder and H.E. James F. Moriarty, U.S. Ambassador to Bangladesh, inaugurated Smiling Sun clinics in the CHT.*

**USAID’s Smiling Sun Franchise Program reached the most remote areas of Bangladesh by establishing clinics to provide essential health services to the people who need them most.**

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Located in the southeastern region of Bangladesh, the Chittagong Hill Tracts is one of the most disadvantaged and vulnerable regions in the country. Approximately 75 percent of the population in this area lives below the poverty line. The mountainous topography and rural setting, combined with conservative cultural norms, create barriers for many to access quality health services. These challenges result in significant higher maternal and neonatal mortality rates and lower contraceptive prevalence rates in this region in comparison to the national average.

To improve the health situation in this priority area, the Government of Bangladesh’s Ministry of Health and Family Welfare reached out to USAID’s Smiling Sun Franchise Program (SSFP) to help establish and operate three clinics in the Chittagong Hill Tracts. SSFP worked to build local support and promote the cooperation of the local government representatives and regional council members. SSFP and its government counterparts at the local, regional, and national level collaborated to select the locations of each clinic and, in December 2010, SSFP opened one clinic in each of the three districts in the region. In doing so, SSFP helped make maternal, child, and newborn health services more available to a catchment population of more than 200,000.

For the past two years, SSFP operated three static clinics and 108 satellite spots in the Chittagong Hill Tracts. Additionally, 99 Smiling Sun community service providers deliver door-to-door services in the community. Between December 2010 and October 2012, these clinics have delivered 158,328 service contacts including 11,922 child immunizations, 81 safe deliveries, 21,918 family planning contacts, and 407 newborn care consultations.

December 2012

Health benefit cards were a successful way of engaging strategic partners in supporting SSFP. Private sector partners, such as Akij Cement and H&M, sponsored the health benefit cards for their employees and their families. Through a negotiated package, employees and their families received a fixed number of free consultations and diagnostics services. Other private sector partners provided support by sponsoring a certain number of health benefit cards that would be distributed to the poorest of the poor. Through CEMEX Cement's sponsorship, SSFP registered 1,400 households, of which 500 were considered poorest of the poor, for the health benefit cards in cyclone Sidr-affected area.

**Expand services to urban poor.** SSFP partnered with the United Nation's Development Program's Urban Partnership for Poverty Reduction (UPPR) project to increase access for the urban poor to basic health services. Through this partnership, SSFP provided a package of essential services to families that qualified, for which UPPR then reimbursed the cost. These services included immunization and Vitamin A capsules for children under the age of 1, family planning commodities free of cost, and a 7 percent discount on medicines at Smiling Sun clinics. Since the partnership began in 2011, an estimated 53,717 urban poor households and 27,672 poorest of the poor households have been served.

SSFP partnered with the Underprivileged Children's Educational Programs (UCEP) in September 2012 to further extend its reach to the urban poor. UCEP operates 63 integrated general, vocational, and technical schools with an average enrollment of more than 1,200 students. SSFP distributed health cards to UCEP students and their families in Mirpur, Dhaka, and provided essential health services through special satellite sessions.

### Raising Awareness for Health



SSFP organized several activities for the Hand Washing Campaign, including interactive demonstrations to teach school children how to properly wash their hands with soap.

SSFP developed an integrated communications approach to raise awareness in the community about the types of maternal and child health services offered by clinics.

#### **Promotion and marketing.**

SSFP's educational and behavior change communications focused on addressing the health needs of women and girls by disseminating information on reproductive health and family planning options, the health benefits of delayed marriage and childbirth, nutrition needs, and the importance of proper antenatal and postnatal care. Clinics displayed informative posters and service providers distributed

leaflets and brochures on safe delivery, childhood diarrheal disease, hand washing and water purification, cervical screening, and more to build awareness on important health issues in the community. SSFP service providers utilized pictorial job aids, manuals, and guidelines to help counsel patients with up-to-date health information that was also in line with national and international standards. Finally, SSFP staff conducted annual training workshops for clinic staff on marketing, branding, service promotion, and community mobilization to build clinics' capacity to broaden outreach in the community.

**Health campaigns.** SSFP participated in national and international health campaigns to promote healthy behaviors and services to the communities most in need. As part of all health campaigns, SSFP undertook promotional activities such as placing posters and distributing leaflets with behavior change messages in each clinic.

- SSFP campaigns held on International Women's Day and Safe Motherhood Day focused on raising awareness on antenatal and postnatal care, safe delivery practices, maternal nutrition, breastfeeding, newborn care, and birth spacing.
- SSFP celebrated Global Hand Washing Day to raise awareness about the importance of hand washing as a simple and effective disease prevention mechanism. In 2010, Advanced Chemical Industries Limited contributed 3,600 pieces of Savlon bar soaps and more than 120,000 pieces of promotional materials on hand washing.
- On National Immunization Day, SSFP administered polio vaccines and Vitamin A supplements to children under the age of 5. Through these vaccination campaigns, SSFP immunized 40 million children by the end of the program.
- In collaboration with the Government of Bangladesh and other stakeholders, SSFP annually observed World Health Day and World Population Day in order to increase health awareness across the country.
- To support the Directorate General of Family Planning's campaign to increase the use of family planning methods, particularly LAPM, all 327 Smiling Sun clinics participated in the family planning and maternal and child health campaign from December 29, 2012, to January 3, 2013.

**Broadcasting maternal and child health messages.** SSFP developed TV commercials about the importance of antenatal care and the control of diarrheal disease. The program displayed these commercials in Smiling Sun clinic waiting rooms. SSFP also partnered with Channel I, a cable TV station in Bangladesh, to broadcast these messages for two weeks free of charge. Channel I also offered a discounted rate for the commercials aired again during Safe Motherhood Day in May 2012. Independent Television also provided a discounted rate to air the commercials in September and December 2012 for SSFP's campaign on family planning and safe delivery.

**Diminishing the social stigma of tuberculosis.** SSFP worked to reduce the social stigma of tuberculosis through behavior change at the community level. CSPs and volunteers educated community members on the signs and symptoms of tuberculosis and the treatment options available, to encourage more people to seek treatment. CSPs also

helped to connect customers with local Smiling Sun clinics where they could be tested and treated.

**Coordination with key stakeholders.** SSFP worked with other USAID programs to help make efficient use of shared resources, ensure consistent messaging, strengthen advocacy, and expand the reach and impact of programs. Below are a few examples of how SSFP increased the program's impact through strategic coordination and integration.

- SSFP coordinated with USAID's Mayer Hashi program to train SSFP service providers on long-acting and permanent methods of family planning and Active Management of Third Stage of Labor Training. Mayer Hashi trained 125 Smiling Sun providers (26 male and 99 female), including doctors, paramedics, and counselors, on LAPM clinical monitoring and counseling.
- SSFP partnered with the USAID-funded Helping Babies Breathe Initiative to train 290 Smiling Sun service providers on neonatal resuscitation. Smiling Sun clinics were equipped with NeoNatalie resuscitators and Penguin suckers.
- SSFP teamed up with the Food and Nutrition Technical Assistance II and III Projects (FANTA-2 and FANTA-3) to integrate maternal and child nutrition services in 30 Smiling Sun clinics. FANTA provided capacity building support to 732 SSFP service providers and CSPs to strengthen the ongoing quality improvement, supervision, and monitoring system for nutrition activities. Additionally, they provided training-of-trainers on infant and young child feeding to 12 monitoring officers from 10 NGOs who will continue to build a pool of qualified trainers for the network.
- SSFP and Mobile Alliance for Maternal Action (MAMA) worked to harness the power of mobile technology to deliver vital health information for new and expecting mothers. MAMA tested a platform to provide both audio and text health messages, which are linked to the delivery date or date of birth of the subscriber's child. Through its network of NGOs and clinics, SSFP helped MAMA to identify disadvantaged beneficiaries who qualified for free services and to register subscribers. As of December 2012, 678 Smiling Sun service providers in 21 districts had registered approximately 3,600 subscribers to MAMA's pilot program.
- SSFP partnered with FHI 360's Bangladesh HIV/AIDS Project (BAP) and the follow-on program, Modhumita, to provide a full range of family planning, maternal health, and limited curative care services to female sex workers. As part of the partnership, Smiling Sun service providers received job aides, behavior change communication materials, and training to better support customers from high-risk groups by ensuring client confidentiality and reducing the social stigma of seeking health care.

**Extending the reach.** As a result of SSFP's efforts to expand health services by increasing access, raising awareness, and improving coordination, the network has been successful at reaching more than 199.6 million people, 27.78 percent of whom were poor.



## PHOTO & CAPTION

# Vitamin A will Help Sumaiya Reach Her 5<sup>th</sup> Birthday



Photo: IVAN CHAKRABORTY

***Six month-old Sumaiya receives a blue Vitamin A pill from a service provider at a Smiling Sun clinic in Madhya Bashabo, Showbusbag District, Dhaka, during a nationwide immunization campaign on June 2, 2012.***

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Vitamin A deficiency is one of the leading public health problems in a developing country like Bangladesh. This important micronutrient is essential to protect children against severe illnesses, including visual impairment and blindness. Vitamin A deficiency jeopardizes children's likelihood to reach their fifth birthday.

Twice each year, SSFP participates in the Government of Bangladesh's National Immunization Day to ensure that the children in Bangladesh receive polio vaccines and nutrients essential for protecting their health. All 327 Smiling Sun clinics participate in the distribution of Vitamin A capsules and de-worming tablets along with polio vaccines free of cost.

Between October 2007 and April 2012, clinics under SSFP have delivered more than 9 million Vitamin A capsules. Countless children in Bangladesh can now look forward to a healthy future.

## BUILDING LOCAL PARTNER CAPACITY

### Capacity Building

SSFP's holistic capacity building approach meant moving beyond technical assistance and training on specific health interventions to improve overall management of network NGOs. Through workshops, site visits, and mentoring in mission development, financial management, and business planning, SSFP worked to help each NGO become more self-reliant, administratively sound, well-governed, and financially independent.

Integrating business planning into each NGO's operations was an essential step toward sustainability of the network. Through a customized business planning process, SSFP annually supported the NGOs in assessing their current situation and developing a clear vision, goals, and benchmarks for success. At workshops, NGOs reviewed market information to assess service and product pricing, staffing needs, and the appropriate mix of health services each clinic should offer based on the needs of the target population. Business planning helped the entire network review what had worked well in the past, identify gaps, and plan future operations. Network NGOs' adoption of business planning, and their increasing fluency in the process, has helped them manage expenses and program revenue, determine appropriate staffing patterns, track supply and equipment costs, and estimate service projections.



Mufawza Khan, executive director of Concerned Women for Family Development, a partner NGO of SSFP, listens during a capacity building session for SSFP's Membership Council on gender disparities in Bangladesh and promoting gender equity within each partner NGO.

### Targeted Organizational Development in the Fifth Year

In Year 5, SSFP was charged with building the capacity of network NGOs. With a targeted effort, the aim was to help NGOs to be organizationally and financially sound enough to seek outside assistance, whether it be from a bank loan, a proposal for funding from another organization or donor, or a direct grant opportunity from USAID.

The first step was to perform a baseline needs assessment of the institutional capacity of 26 network NGOs to determine their initial strengths and weaknesses, and identify areas of improvement. The capacity assessments provided baseline data for a network-wide capacity building plan. SSFP then provided skill-based training to all 26 network NGOs

in both group and individual settings to improve organizational policies, processes, and systems according to international business best practices. SSFP focused on three pillars for its capacity building efforts: leadership, staff development, and enhancing process and systems. All NGOs participated in training workshops in three topic areas: 1) management development to expand management efficiency; 2) effective communications to help NGOs enhance project communication materials; and 3) human resources management to guide the NGOs through the process of developing their own manual for human resources policies and practices. Having a complete human resources manual is a vital step for network NGOs to be able to access outside funding, whether it is a USAID grant, support from other donors, or private sources.

Further, SSFP selected 10 high-performing NGOs for targeted capacity building efforts to increase their readiness for donor funding among high-performing NGOs. Selected NGOs include Bangladesh Association for Maternal & Neo-natal Health (BAMANEH), Concerned Women for Family Development (CWFD), Family Development Services and Research (FDSR), Jatiya Tarun Sangha (JTS), Kanchan Samity, Paribar Kallayan Samity (PKS), Shimantik, Swanirvar, Voluntary Family Welfare Association (VFWA), and Voluntary Paribar Kallyan Association (VPKA). Each developed its own institutional strengthening plan, supported by SSFP organizational development experts. Targeted support worked to build NGOs' knowledge and skills to develop proposals for USAID grant applications, understanding and ensuring compliance with USAID rules and regulations, and integrating gender into program activities and organizational policies. By the end of the program 12 NGOs, including nine high-performing NGOs, had successfully developed robust policies, procedures, and systems.



## SUCCESS STORY We Mean Business

**Business planning has proven to be key in expanding high-quality services and attracting new customers to the Smiling Sun Network.**



Photo: SSFP

*Mohammad Rafiqul Islam, project director of Swanirvar (right), listens intently at a business planning workshop.*

*“A clinic manager is now much more aware about the program than before because of his/her accountability to the NGO headquarters as per the business plan.”*

— Mohammad Rafiqul Islam  
project director, Swanirvar  
Bangladesh

Mohammad Rafiqul Islam has seen positive change over the past few years. As project director of Swanirvar Bangladesh, a partner NGO, which manages 50 clinics in the Smiling Sun network, he recalls clinics reeling from low customer turnout, poor prospects and low service quality. He remembers how his NGO struggled with average income generation at an unsustainable 20 to 25 percent of total expenditure and a lack of capacity to respond to the situation.

“Earlier, the clinics and NGO staff had to fill in a lot of forms manually... there was no database even at the NGO level for cross reference. As a result, neither the project directors nor the clinic managers had adequate information about the working area. The reports we generated did not exactly reflect the real situation in the field,” explained Mr. Islam.

That has all changed. Since its inception in 2007, SSFP has worked closely with partnering NGOs to strengthen their strategic and financial planning. Specifically, the project instituted a process by which all 27 NGOs developed business plans for each of their clinics. The aim was to engage the clinics in adopting a more business-like orientation and to present the business plan as the key document for laying a foundation for success and providing a clear, tailored road map for future decisions.

While it took considerable effort, all the NGOs walked away with an appreciation for the more robust analytical approach and a better understanding of how business planning could help them achieve two goals, providing sustainable and better quality services while meeting a critical social need. “A clinic manager is now much more aware about the program than before because of his/her accountability to the NGO headquarters as per the business plan [sic],” said Mr. Islam.

Overall, Swanirvar’s clinics have performed impressively since developing business plans. The program income in 2010 was 54 percent higher than in 2007 compared to a 27 percent increase in expenditure. During the same period, the number of patrons and service contacts also increased by 23 percent each. The SSFP business plans have not only helped build a strong platform for health care, but through them, the NGOs now have a mechanism for identifying business needs and courting potential private sector partners to fill them.

## GENDER, YOUTH, AND ANTICORRUPTION

### Gender

SSFP primarily addressed the health care needs of women and children. Within Smiling Sun clinics, SSFP invested in female service providers, so that female customers would feel more comfortable. Out of 1,903 clinic service providers, more than 87 percent were women. CSPs, all of whom were women, were valuable in spreading key maternal and child health messages. They also were a trusted source of information on reproductive health, as well as a supplier of family planning commodities to women. SSFP also took steps to involve men in reproductive health and family planning, as they are often the gatekeepers of family resources.

SSFP fostered marital communication on sexuality, pregnancy, and family size. Service providers reached out to both men and women about the benefits of family planning and available birth control methods, including long-term and permanent ones. SSFP worked to encourage male participation during birth planning by raising awareness of the importance of proper antenatal care and other components of birth planning such as affordability of care, being able to identify dangerous symptoms, availability of birth attendants, and emergency transportation to clinics.

To encourage NGOs themselves to properly address gender, SSFP addressed the topic at a Membership Council meeting and through training with the highest performing NGOs. SSFP developed a gender policy and encouraged NGOs to adopt the network gender principles and ensure that recruitment of qualified personnel included more women. SSFP also developed and applied a tool to assess the gender sensitivity of Smiling Sun service providers. The program responded to identified training needs on gender issues with specialized sessions to increase sensitivity.

### Youth

Bangladesh has a large population of youth (age 15-24) — almost 29 million. Nearly half of women age 15-19 and three-quarters of women age 20-24 are married or have been married. Thirty percent of all births in Bangladesh are to teenage mothers, the group at highest risk



SSFP reaches out to youth by organizing events, such as vaccination camps, through the schools.

of poor maternal health. SSFP targeted youth and individuals who serve as decision makers and gatekeepers for young men and women with messages about the importance of seeking health services and the dangers of early childbearing and short pregnancy intervals. Health care providers were equipped to address the needs of young people through training and development of youth-friendly services and materials.

### **Anticorruption**

Corruption is endemic in Bangladesh and flourishes because cultural norms accept it as part of doing business. By articulating standards of business conduct, SSFP established transparent policies and practices throughout the network, such as clearly posted and predictable fees for services, transparent financial management systems, and high-quality care and treatment for all. SSFP developed an online platform for the MIS and accounting system that enabled improved clinic revenue control and tracking of services, which allowed for appropriate planning of staff resources. External audits served as financial control mechanisms to review proper utilization of program income funds, verified compliance with Smiling Sun procedures, and ensured transparent financial practices. As a result of SSFP's rigorous monitoring of the network's administrative and financial systems, irregularities in reporting and accounting were identified, and the program took corrective action.

## LESSONS LEARNED AND BEST PRACTICES

### Lessons Learned

**Orient partners to ensure buy-in to new program approaches.** A paradigm shift among network NGOs was required to reduce their reliance on donor funds and incorporate “for profit” business strategies. SSFP’s approach, which emphasized business planning, quality monitoring, and sound financial management, was a significantly different approach than previous USAID project iterations. Initially, SSFP experienced some hesitation among some NGO partners to this new way of operating. To address the concerns of its partners, SSFP conducted an extensive orientation for network NGOs, including training workshops, tools, manuals, and skills-building exercises. By working to raise awareness of the benefits and goals of SSFP’s business-like approach, the network NGOs were able to better understand, appreciate, and commit to these changes.

**Appropriately balance competing program interests.** Achieving both increased cost recovery and service to the poor while maintaining high-quality services was a challenge for SSFP. In the initial years of the program, SSFP placed a strong emphasis on building effective systems for financial management, attracting able-to-pay customers, and forming private sector partnerships to make the network more financially sustainable and less reliant on donor funds. However, in Bangladesh, health care provision is strongly associated with social welfare, and for that reason many people think it should be free of cost. Because of this, some stakeholders believed that the franchise model placed too much emphasis on income generation and attracting paying customers rather than on providing services to the poor. In order to obtain better balance, SSFP refocused its efforts in Year 3, through direction from USAID, to be able to maximize its reach to the poor. To do this, the program’s focus shifted to building the sustainability and capacity of each network NGO, with decreased cost recovery targets.

**Social franchising is possible.** Although SSFP was not able to fully carry out its original initiative to establish an independent franchise, the potential for social franchising in an international development setting remains. SSFP’s model on independent franchising was chosen by University of California, San Francisco to feature as a case study as part of its annual publication on clinical social franchising.<sup>6</sup> It is important to note that network NGOs were not homogenous; each has its own internal culture, history, level of organizational capacity, and governing structure. This diversity complicated SSFP’s efforts to establish uniformity among all network members in a short timeframe. Some network NGOs needed more organizational and technical support than others. Additionally, in its efforts to strengthen local ownership over the network, SSFP encouraged the participation of all network members and worked to build consensus on major decisions. This process is time consuming and requires that all NGOs reach a certain level of capacity to be able to equally participate. When taking into account the complexities, the original timeframe for establishing an independent franchise

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<sup>6</sup> Schlein, K., Drasser K. and Montagu, D. “Clinical Social Franchising Compendium: An Annual Survey of Programs, 2011.” (San Francisco: the Global Health Group).

organization was not feasible. To be successful, a franchise requires strong leadership, a mature management structure, and sound administrative and financial systems from the start. While SSFP is proud of the accomplishments the network NGOs have made over the life of the program, there is more work to be done to build the capacity and leadership required to establish a franchise.

## **Best Practices**

**Promote stakeholder ownership over the capacity building process.** It was vital that SSFP's network NGOs had full ownership over the organizational development process so that the tools and techniques introduced would be fully institutionalized and sustained beyond the life of the program. Using a participatory approach, SSFP involved the entire NGO staff in capacity building activities to include a variety of perspectives. Under the guidance of SSFP, each NGO was charged with conducting an organizational self-assessment, which then informed the network-wide capacity building plan and, for some, development of their individualized institutional strengthening plan.

**Spend time to build supportive and collaborative relationships with government.** SSFP worked to consistently align its efforts with the policies and activities of the local and national levels of government. In doing so, SSFP found a strong ally for expanding the quality and volume of health services and commodities to the network's customers. SSFP fostered this relationship by inviting government officials to participate on the Program Advisory Committee, clinic site visits, clinic launchings, and study tours. SSFP also participated in government committees to provide input and coordinate efforts on key health initiatives. The success of SSFP's advocacy and coordination with the government resulted in a more dynamic immunization program, improved technical capacity to offer permanent family planning methods, and expanded access to critical programs, such as Demand-Side Financing.

**Share knowledge and resources with other development projects for maximum impact.** SSFP placed a strong emphasis in coordinating activities with USAID and other donor projects, through knowledge and resource sharing. For example, when the government wanted to expand the use of long-acting permanent methods, it would have been difficult for SSFP alone to provide the appropriate training and services. SSFP then reached out to the USAID-funded Mayer Hashi project for its staff to help train Smiling Sun service providers to provide a variety of new LAPM services. This collaboration not only expanded the number and volume of family planning methods available at Smiling Sun clinics, but also strengthened the relationship between USAID health projects to increase each program's development impact.

**Incorporate technology to improve accountability.** Strong financial and information management systems helped SSFP network NGOs improve accountability and better manage clinic revenue. SSFP upgraded the network's financial and program information management systems from a paper-based format to an online platform. This platform captures service transactions in real time, thereby improving internal controls, data quality, timeliness, and reporting. The NGOs were trained on using the new software and

the information it provided to monitor real-time project performance and increase financial accountability.

**Prioritize public-private partnerships as an alternative financial resource for partners.** Improving service delivery and financial sustainability through effective public-private partnerships was a priority from the beginning. Private partners provided financial support to the network through fees for services as well as capital investments through corporate social responsibility activities. Occasionally, SSFP presented unsolicited proposals to companies with an angle that would be of interest to them. The key to SSFP's success in this endeavor was dedicating a full-time strategic partnership specialist charged with the task of identifying and reaching out to potential private sector partners. The strategic partnership specialist also shared examples and information on how SSFP developed and facilitated partnerships for the NGOs with public and private donors, such as Chevron or the Global Fund to Fight AIDS, Tuberculosis and Malaria, in a session with network NGOs. NGOs also received guidance on how to continue these partnerships and cultivate new opportunities.

## LOOKING AHEAD AND RECOMMENDATIONS



A community service provider performs community outreach door-to-door to encourage families to obtain health services from nearby Smiling Sun clinics.

**Continue to expand high-quality health services.** SSFP expanded clinics to offer safe delivery and emergency management of obstetric care, tuberculosis DOTS treatment, lab services, and more. The program also increased the number of satellite sessions to enable greater access to high-quality services, especially in rural areas.

Most recently, SSFP has initiated efforts in Feed the Future priority districts in the coastal belt to deliver nutrition services. In doing so, SSFP is laying the groundwork to promote the success of future USAID programs in Bangladesh. Next steps would be to scale up this work and explore how to incorporate nutrition activities into existing services throughout the network. Future programs in Bangladesh can build on SSFP's integrated approach and supportive relationships to identify gaps and further expand health services.

**Continue to expand services to the poor.** Expanding the reach to vulnerable and underserved populations in Bangladesh remains a top priority for USAID and the government. This can be achieved while also ensuring sustainability of the Smiling Sun network. SSFP steadily increased the percentage of service contacts to the poor from 26 to 33 percent between Years 1 and 5 and concurrently increased the network's cost recovery. Network NGOs should build on these successes and continue to expand access to the poor using proven strategies to help subsidize the costs of providing free or reduced cost services to the poor. These strategies include maintaining quality of care and the Smiling Sun brand's reputation, focusing on demand generation through marketing and expansion of services, and leveraging public-private partnerships through shared

goals. Building on SSFP's pricing strategy developed in October 2012, increasing certain service prices to able-to-pay customers will increase profit margins. This will then allow the clinics to cover the costs of services such as safe delivery and lab services when provided to partial-paying or non-paying customers.

**Support the work of CSPs.** SSFP found the contribution of CSPs to be fundamental to the success of its programs; they played a critical role in linking clinic services to the community, promoting healthy behaviors, distributing family planning commodities, and reaching vulnerable populations. Out of the 191 million service contacts provided, approximately 45 percent came from CSPs. CSPs accounted for 18 percent of service contacts in urban areas and 58 percent in rural areas. Future programs should continue to expand the knowledge, skills, and reach of CSPs, and effectively deploy them to disseminate multiple health messages and provide a wider range of services to their own community.

**Advance strategies for repositioning family planning.** SSFP contributed to the expanded availability of family planning services and commodities in Bangladesh. Yet the logistical management of contraceptives and permanent availability of products and services will continue to be a top priority for ensuring the long-term use of family planning methods. Additionally, awareness campaigns that aim to expand the use of family planning methods should prioritize the empowerment of girls and women. This must be coupled with the education of men so that families can make informed decisions about their reproductive health needs, advancing the health status of all Bangladeshis.

**Focus on building capacity of local partners.** USAID Forward aims to build the capacity of local businesses and organizations as a step toward sustainability. SSFP worked closely with all 26 network NGOs to increase the skills of their staff, introduce better business systems, including online data collection, enhance financial management through an online system, and ensure proper annual business planning, working toward generating enough revenue to be self-sustaining. In addition, SSFP has been preparing the NGOs to be able to directly access donor funds as they continue to work toward total self-sustainability. This important work with the NGOs needs to continue so that momentum is not lost. The NGOs are very close to being ready to work more independently of the program, perhaps in the near future using the program more as a coach or mentor to provide occasional guidance.

**Encourage network NGOs to develop strategic partnerships.** Over five years, SSFP leveraged \$25.56 million through partnerships, equivalent to approximately 45 percent of the investment by USAID. Strategic partners provided medical equipment, supported construction and operation of clinics, subsidized health services for the poor, discounted the costs for medicines, helped increase health awareness, enhanced staff capacity, and improved network efficiency. SSFP successfully demonstrated the value of cultivating and maintaining strategic partnerships and the diversity of opportunities available for ensuring the sustainability and continued operation of the Smiling Sun network. Network NGOs should renew relationships with previous strategic partners and assess their needs to identify opportunities with new partners.

## ANNEX A: SSFP STRATEGIC PARTNERSHIPS

(Listed Alphabetically)

### Private Partnerships

<p><b>ACME Laboratories</b>  <i>Partnership Type: Donor</i>  <i>Contribution: \$5,223.00</i>  <i>June 2009 – June 2010</i></p>	<p>SSFP partnered with ACME Laboratories, a leading pharmaceutical company, to promote the control of diarrheal disease. Under this partnership ACME provided the design time, 10,000 posters, 6,000 bookmarks, and 100,000 leaflets to the network’s outreach campaign that was launched the first week of June 2009.</p>
<p><b>Advanced Chemical Industries (ACI) Limited</b>  <i>Partnership Type: Donor</i>  <i>Contribution: \$85,468.59</i>  <i>June 2009 to December 2012</i></p>	<p>One of the largest fast-moving-goods manufacturers in Bangladesh, Advanced Chemical Industries collaborated with SSFP to sell health products at discounted prices to Smiling Sun customers. The clinics procured products, such as antiseptics, liquid soap, and sanitary napkins, from nearby ACI warehouses.</p> <p>ACI supported SSFP’s health and hygiene awareness activities and campaigns that SSFP would host on special occasions, like Mothers’ Day and World Health Day. ACI contributed more than 3,600 Savlon bars of soap and more than 120,000 pieces of promotional materials, such as posters, stickers, and banners, to provide messages on the importance of hand washing. For Global Hand Washing Day, ACI contributed 60,000 posters, 40,000 stickers, and 350 banners for distribution throughout SSFP’s network. As part of the hand washing campaign, ACI organized hand washing training sessions for community service providers and paramedics. The training sessions improved infection prevention practices, particularly in safe deliveries, and enhanced community service providers’ capacity to promote health-seeking behaviors to the community.</p> <p>ACI also distributed more than 3,200 gift hampers (towel, liquid soap, and toiletries) per month for delivery patients and children at Smiling Sun clinics as part of its corporate social responsibility activities with the Smiling Sun network.</p>
<p><b>Akij Cement</b>  <i>Partnership Type: Third Party Payer</i>  <i>Contribution: \$17,647.06</i>  <i>March 2011 to December 2012</i></p>	<p>Akij Cement, one of Bangladesh’s largest cement manufacturers, partnered with SSFP to provide health care services for 4,000 masons and their family members. Akij distributed health benefit cards to their workers who are registered to receive health care services. The services include five consultations and five diagnostic services per year. In addition, the workers can access family planning counseling, contraceptives, tuberculosis screening, and immunization services free of cost at Smiling Sun clinics. As part of the agreement, Akij has reimbursed the equivalent of \$16,000 to SSFP for health benefit cards for 4,000 masons.</p>
<p><b>Bangladesh Garment Manufacturers and Exporters Association (BGMEA)</b>  <i>Partnership Type: Third Party Payer</i>  <i>Contribution: Access to new clients.</i></p>	<p>The Bangladesh Garment Manufacturers and Exporters Association partnered on a project with SSFP to provide health services to 10,000 garment factory workers at Smiling Sun clinics. SSFP offered a consolidated health service package, including treatment of general illnesses, family planning, and safe delivery services, to all employees of designated garment factories. BGMEA referred factory workers to select Smiling Sun clinics and paid a monthly fee per worker to SSFP, which then reimbursed the participating clinics for</p>

March 2009 to March 2010	the services that were provided to these clients
<b>British American Tobacco Bangladesh</b> <i>Partnership Type: Third Party Payer</i> <i>Contribution: \$61,358.76</i> <i>November 2007 to November 2010</i>	<p>British American Tobacco Bangladesh is one of the largest multinational companies in Bangladesh and has been operating in the country for more than 100 years. British American Tobacco partnered with three SSFP partner NGOs — PSKS, FDSR, and UPGMS — to provide access to health services to its employees in six districts. The company distributed employee health cards to 6,150 families of tobacco growers and 3,000 female workers.</p>
<b>CEMEX Cement Bangladesh</b> <i>Partnership Type: Fee for service / Third Party Payer</i> <i>Contribution: \$32,257.35</i> <i>November 2009 to December 2012</i>	<p>CEMEX, a multinational cement manufacturing company, raised money to help support the victims of cyclone Sidr, which hit Bangladesh in November 2007. CEMEX contributed \$24,000 and 800 bags of cement to support the reconstruction of a Smiling Sun clinic in the cyclone-affected area of Sharonkhola, in Bagherhat. The previously existing clinic, a wooden structure with a tin roof, was replaced with a 2,975-square-foot cement and brick facility to better withstand natural disasters and better serve the needs of the community. The Community Reconstruction Centre, a partner NGO of SSFP, donated the land for the new clinic.</p> <p>Additionally, on July 18 and December 26, 2012, CEMEX sponsored the cost to set up satellite spots adjacent to the CEMEX factory to serve their factory workers with a health service package in the Narayanganj district. These sessions reached approximately 1,400 families and 500 poorest of the poor families.</p>
<b>Channel I</b> <i>Partnership Type: Donor</i> <i>Contribution: \$23,142.85</i> <i>November 2009</i>	<p>Channel I, a leading satellite television channel, broadcasted a TV commercial on antenatal care services of Smiling Sun clinics at no cost for two weeks in 2010. This service amounted to an in-kind contribution of BDT 450,000 for the 15-day period. In addition, Channel I contributed a 50 percent discount, which totaled BDT 315,000, for TV commercials during Safe Motherhood days in May 2012.</p>
<b>Chevron Bangladesh</b> <i>Partnership Type: Third Party Payer and Donor</i> <i>Contribution: \$695,263.81</i> <i>2008 to December 2012</i>	<p>Chevron is a multinational oil and gas company working in Bangladesh. Through its community engagement activities, Chevron collaborates with SSFP to provide funding to SSKS, one of SSFP's partner NGOs. Chevron provided funds for the construction of two SSFP clinics in the Sylhet Division, near to one of the company's primary areas of operations. The company covered all operational costs, capital expenditures, and revolving drug fund expenses for the new clinics, as well as a third already-established Smiling Sun clinic in the area. Chevron funds helped to improve the clinic premises and helped the clinic to expand the type of services provided.</p>
<b>City Cell</b> <i>Partnership Type: Donor</i> <i>Contribution: \$3,308.82</i> <i>2011</i>	<p>City Cell, a local mobile telecom operator in Bangladesh, provided instant data transfer facilities to some of the remotest places of the country to support the real-time, online management information system (MIS) of the Smiling Sun network. City Cell broadband service helped to transfer data that was captured at the clinic level to automatically update SSFP's MIS central data repository. As part of their corporate social responsibility activities, City Cell donated 150 Zoom Ultra modems to SSFP, along with an additional 170 modems at a specially discounted price.</p>

<p><b>Dutch Bangla Bank Limited (DBBL)</b>  <i>Partnership Type: Donor</i>  <i>Contribution: \$116,176.47</i>  <i>June 2010 to December 2012</i></p>	<p>Dutch Bangla Bank Limited donated 320 Netbook PCs — valued at BDT 7,600,000, or about \$104,000 — as part of their corporate social responsibility activities. This donation helped the Smiling Sun network to implement the integrated online MIS, allowing for real-time information sharing of services and revenue data between the clinics and the SSFP. Dutch Bangla Bank members attended the Online MIS and Accounting System launch event in Rangamati in April 2012.</p> <p>Additionally, the Dutch Bangla Bank Foundation provided Tk 190,000 for cervical and breast disease screening and detection. SSFP has been providing screening services for cervical and breast diseases in 12 clinics in Dhaka, Rajshahi, and Sylhet. The foundation’s funds have been used to raise awareness on cervical and breast diseases in Smiling Sun clinic catchment areas. They also supported early detection efforts by financing screening for 1,500 poor women that otherwise would not have access to these services.</p>
<p><b>FrontlineSMS and Nokia Bangladesh</b>  <i>Partnership Type: Service Provider and Donor, in-kind</i>  <i>Contribution: \$2,867.65</i>  <i>February 2010</i></p>	<p>FrontlineSMS, an open-source software company based in California, and Nokia, one of the world’s largest phone manufacturers, jointly partnered with SSFP to explore how SMS based data collection through cell phones could enhance SSFP’s reporting and customer service. SSFP successfully tested the use of mobile phones for sending customer and service data online from satellite spots. The goal of the system was to enabling access to data from remote areas of Bangladesh and to improve tracking of community and individual health needs. The system was designed to synchronize data with SSFP’s online integrated MIS. Nokia donated 128 cell phones that have been integrated with the FrontlineSMS software.</p>
<p><b>Grameenphone Safe Motherhood and Infant Care (GPSMIC) Project</b>  <i>Partnership Type: Donor</i>  <i>Contribution: \$1,796,743.50</i>  <i>March 2009 to November 2010</i></p>	<p>Grameenphone, the leading telecommunication operator in Bangladesh, in collaboration with Pathfinder International, forged a partnership with SSFP to implement the Safe Motherhood and Infant Care Project. Grameenphone reimbursed costs for antenatal care visits, delivery, postnatal visits, and under one year old integrated management of childhood illnesses consultations for the poorest customers at all Smiling Sun clinics. Between August 2007 and November 2010 this included nearly \$1,714,390 in health services to the poorest sections of Bangladeshi society. In addition, Grameenphone also provided five ambulances and two clinics on-wheels as an in-kind contribution to strengthen SSFP’s emergency response time and ability to transfer patients to larger facilities.</p>
<p><b>Hennes and Mauritz (H&amp;M)</b>  <i>Partnership Type: Fee for service / Third Party Payer</i>  <i>Contribution: \$10,762.60</i>  <i>October 2010 to September 2012</i></p>	<p>H&amp;M is one of the largest retailers in the world and acts as a buying house in Bangladesh’s garments industry. SSFP collaborated with H&amp;M to provide health services for workers in three factories located in Narayanganj. The partnership conducted a survey of garment factory workers to develop a special health service package at eight Smiling Sun clinics. Information packages were made available in each factory to inform factory management and workers about the terms and benefits of the health package. A total of 795 workers registered for a health card covering health services at SSFP delivery points for themselves and for family members.</p>

<p><b>Independent 24 TV</b>  <i>Partnership type: donor, in-kind</i>  <i>Contribution: \$149,416.88</i>  <i>May 2012 to December 2012</i></p>	<p>Independent 24 TV channel, one of the prominent local electronic media sources, donated air time to SSFP on the occasion of Safe Motherhood Day. Two different TV commercials on safe delivery and hygiene promotion aired for a total of 79 days in May, September, and December 2012 for which the channel provided a 75% discount on their usual rate. Additionally, Independent 24 TV has been instrumental in providing SSFP program coverage while launching the new Smiling Sun clinic at Anowara, Chittagong, as well as the MIS and accounting system.</p>
<p><b>Karnaphuli Fertilizer Company Limited (KAFCO)</b>  <i>Partnership Type: Fee for service / Third Party Payer</i>  <i>Contribution: \$241,529.41</i>  <i>February 2010 to December 2012</i></p>	<p>KAFCO is a 100 percent export-oriented international joint venture company in Bangladesh. As part of the company's corporate social responsibility activities, KAFCO contributed \$247,072 for the full construction of a Smiling Sun clinic in Anowara, Chittagong. KAFCO also helped to purchase the equipment and a new ambulance for the clinic. This ultra clinic began operations in February 2011 under the management of SSFP's partner NGO, FDSR.</p>
<p><b>Leathergoods and Footwear Manufacturers and Exporters Association of Bangladesh (LFMEAB).</b>  <i>Partnership Type: Third Party Payer</i>  <i>Contribution: Access to new clients.</i>  <i>August 2011 to July 2012</i></p>	<p>Leathergoods and Footwear Manufacturers and Exporters Association of Bangladesh is the recognized trade body representing a majority of major export-oriented manufacturers and exporters of leather goods and footwear in Bangladesh. LFMEAB partnered with SSFP to provide health services to workers at different leather-goods manufacturing units under LFMEAB through Smiling Sun clinics. LFMEAB purchased consolidated health service packages from SSFP for the workers and floor management staff at different factories. Workers and their families could to redeem their chosen package at clinics through health benefit cards issued by SSFP in coordination with LFMEAB. The service package includes four lab services along with 20 consultations per year per worker with three members from each family.</p>
<p><b>Maersk Line</b>  <i>Partnership Type: Donor, in-kind</i>  <i>Contribution: \$2,941.18</i>  <i>August 2011</i></p>	<p>Maersk Line, the global containerized division of the A.P. Moller – Maersk Group, is dedicated to delivering the highest level of customer-focused and reliable ocean transportation services. Maersk donated equipment for operating rooms equivalent to \$3,000 to support to Smiling Sun clinics in Cox's Bazar. This donation was made in collaboration with the government's Demand Side Financing program to address the conditions of old and over-used equipment so that SSFP clinics can continue to provide quality services to the poor.</p>
<p><b>Reckitt Benckiser Limited/Dettol</b>  <i>Partnership Type: Donor, in-kind</i>  <i>Contribution: \$4,411.76</i>  <i>October 2009</i></p>	<p>Reckitt Benckiser/Dettol, a global leader in household and personal care products, collaborated with two SSFP partner NGOs to implement a pilot program through 13 Smiling Sun clinics in Tangail. SSFP community service providers to go door-to-door to promote hand washing with soap to prevent the spread of disease. Reckitt provides soap for community service providers to sell at a price of 20 percent less than market rate.</p> <p>Additionally, Reckitt/Dettol supported Smiling Sun's efforts on Hand Washing Day in 2009. The company donated 7,200 bars of soap along with 15,000 posters, 50 banners and 480 bags for CSPs.</p>

<p><b>SpaceRace Limited</b>  <i>Partnership Type: Service Provider</i>  <i>Contribution: \$ 11,900.00</i>  <i>December 2009 to March 2011</i></p>	<p>SpaceRace Limited, a digital informational and educational entertainment firm, signed a one-year tri-partite agreement with SSFP and 14 partner NGOs in 2010. This initiative provided digital content and newsfeed via display solution units to serve customers in the waiting rooms of Smiling Sun clinics. SpaceRace installed 100 DSUs at 100 clinics. DSUs show educational campaigns on good health and well-being, stream local television shows, and run the latest national news. Sponsors were able to send advertising and health messages to a captive audience and any advertising revenue generated is shared with SSFP.</p>
<p><b>Pharmaceuticals - Various</b>  <i>Partnership Types: Medicine Supplier</i>  <i>Contribution: \$1,720,095.59</i>  <i>2008 to December 2012</i></p>	<p>Leading pharmaceutical companies (Aristopharma Ltd., Beximco Ltd., Square Pharmaceutical Ltd., ACI Ltd., ACME laboratory Ltd., Jayson Pharmaceuticals, Opsonin Pharmaceutical Ltd., Incepta Pharmaceuticals Ltd., Medimet Ltd., and Renata Ltd.) distributed medicine to SSFP through a frame agreement. SSFP received a 22 percent discount on market retail price, saving up to \$327,000 per year over the local retailer purchase price.</p>
<p><b>Dr. Haldor Topsøe</b>  <i>Partnership type: individual donor, in-kind</i>  <i>Contribution: \$50,000.00</i>  <i>July 2012</i></p>	<p>After visiting the Anowara clinic on September 12, 2011, Dr. Haldor Topsøe, a Danish industrialist and member of the KAFCO Board of Directors, was inspired to contribute to the clinic, which is operated by Smiling Sun NGO, FDSR. In June 2012, Mr. Topsøe donated a digital x-ray machine, a digital auto-analyzer, an electrocardiogram, a mobile ultra-sonogram, an ambulance), and two air conditioners. In total, the donation of equipment was valued at US\$50,000.</p>

## Collaborations with the Government of Bangladesh

SSFP worked to strengthen ties with the Government of Bangladesh, at both the national, district, and local levels, throughout the life of the program. At the national level, SSFP worked with the State Minister of Health; the Secretary of Health; the Joint Chief Planning; Ministry of Health and Family Welfare; Director General Family Planning; the Director General Health Services; and the Director General of Implementation, Monitoring, and Evaluation Division. At the district level, SSFP worked with local officials, such as the Deputy Director Family Planning and the Civil Surgeon to advance its local initiatives.

Over the life of the project, SSFP and network NGOs have been involved in more than 95,300 meetings at the district and upazila level with government representatives. SSFP included key members of the government in its regular Program Advisory Committee Meetings. In July 2010, SSFP was the first USAID project to be included in Government of Bangladesh's Health Bulletin published by the Directorate General of Health Services, which represented official recognition of SSFP's impacts on the health status of Bangladesh.

<p><b>Government of Bangladesh's Demand-Side Finance (DSF) Program</b>  <i>Partnership type: Government program partnership</i>  <i>Contribution: \$2,505</i>  <i>2007-2012</i></p>	<p>The Ministry of Health and Family Welfare, with technical support from the World Health Organization, developed a Demand-Side Financing pilot project to distribute maternal health vouchers. The objective was to achieve the Millennium Development Goal 5 of reducing maternal mortality through increased utilization of quality maternal health care services, particularly by impoverished women. Using transport and medical service vouchers, low-income women are encouraged to seek care at designated providers in selected areas. The program</p>
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	<p>covers 53 of the 500 upazilas in Bangladesh.</p> <p>Nine Smiling Sun clinics in nine different upazilas took part in the pilot program. This includes the Ramu and Teknaf clinics (FDSR); the Daulatpur and Gagni clinics (PSKS); the Tarail clinic (Swanirvar); Paharpur clinic (Kanchan Samity); the Shahzadpur and Gobindaganj clinics (PSF); and the Harirampur (JTS).</p> <p>Additionally, the Smiling Sun clinic in Cox's Bazaar received medical equipment donated by Maersk, the Danish shipping line, enabling it to provide health services through the program.</p>
<p><b>Expansion in the Chittagong Hill Tracts</b>  <i>Partnership type:</i>  <i>Government initiative</i>  <i>2010-2012</i></p>	<p>During Year 4, SSFP expanded into the Chittagong Hill Tracts, one of the poorest and most underserved parts of the country, with three clinics and 96 satellite sites (including three fixed satellite sites). This collaboration marks the first major health project between USAID and the Government of Bangladesh in the Chittagong Hill Tracts. This expansion into a specially administered area required continuous support from local and central authorities. To ensure success in this region, SSFP organized a series of meetings with the Ministry of Chittagong Hill Tracts Affairs and the local Chittagong Hill Tract Council and other authorities for coordination in program implementation.</p>
<p><b>Expansion in the Madhabdi area</b>  <i>Partnership type:</i>  <i>Government initiative</i>  <i>September to December</i>  <i>2012</i></p>	<p>In Year 5, the Local Government Division of the Government of Bangladesh approached SSFP with a unique opportunity to expand SSFP's reach in Madhabdi, a major industrial and commercial area in the Narsingdi district with a population of approximately 164,000. On October 2, 2012, the municipal government transferred the operation of two clinics and 18 satellite spots in Madhabdi to SSFP. These two clinics had been constructed and funded by the Asian Development Bank under the Urban Primary Health Care Project.</p>
<p><b>Inter-Ministerial Coordination Committee</b>  <i>Partnership type:</i>  <i>Government program partnership</i>  <i>2008-2012</i></p>	<p>The Ministry of Health and Family Welfare recognized SSFP as an important partner in its extended program of immunization activities in 2008 when SSFP was appointed as a member of the Inter-Ministerial Coordination Committee. From this collaboration, SSFP has been able to reach unprecedented levels of performance in child health services, and has reached the highest level of family planning service output registered in more than eight years in the network.</p>
<p><b>National Tuberculosis Program</b>  <i>Partnership type:</i>  <i>Government program partnership</i>  <i>Contribution:</i>  <i>\$325,063.56</i>  <i>2007-2012</i></p>	<p>The National Tuberculosis Control Program aims to reduce morbidity, mortality, and transmission of tuberculosis (TB). With support from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), SSFP collaborated with the National Tuberculosis Program to ensure that the 58 Smiling Sun DOTS centers were equipped with the appropriate resources, such as valid documentation, equipment, and supply of medicine.</p> <p>SSFP's TB Task Force regularly coordinated with the National Tuberculosis Program to further strengthen the capacity of the network to administer the TB program. The task force attended the quarterly performance reviews meeting on TB at the national level along with all the TB program implementing partners. The task force also facilitated the observation of World TB Day by the SSFP partner NGOs at the national, divisional, district, and local levels through strong coordination with government health managers of the</p>

	respective areas. SSFP received GFATM funds to offer services at 58 Smiling Sun clinics in four city corporations.
<p><b>Urban Primary Health Care Project-II (UPHCP-II) under Local Government Division, Government of Bangladesh</b></p> <p><i>Partnership type: Government program partnership</i></p> <p><i>Contribution: \$575,911.76</i></p> <p><i>2007-2012</i></p>	<p>The Urban Primary Health Care Project-II is the second iteration of the government's program to provide essential health services to the poor of Bangladesh. The project is managed by the Local Government Division and the Ministry of Local Government Rural Development and Cooperatives. This project is funded by the Government of Bangladesh, the Asian Development Bank, the U.K. Department for International Development, Swedish International Development Cooperation Agency, United Nations Population Fund, and ORBIS International.</p> <p>SSFP and UPHCP-II joined forces to provide health care services to coordinate efforts to ensure quality of services, better utilize resources, and guarantee service coverage to customers, irrespective of their ability to pay. Eighty-one Smiling Sun clinics were covered in urban areas, including 31 provided by UPHCP.</p>

### Partnerships with Other USAID and Non-USAID Projects, Donors, and Institutions

<p><b>The Asia Foundation</b></p> <p><b>Leaders of Influence (LOI) Project</b></p> <p><i>Partnership type: USAID project collaboration</i></p> <p><i>2008 to 2011</i></p>	<p>Leaders of Influence (LOI) is a USAID program, managed by the Asia Foundation, that works with trusted leaders of local communities to raise public awareness and devise effective local strategies to meet development challenges in Bangladesh. LOI played a vital role in promoting democratic values, social integrity, cultural diversity, and sustainable development. SSFP provided local leaders, such as imams, with promotional materials and referral slips to encourage communities to visit SSFP clinics. Approximately 10,000 LOI participants visited around 50 Smiling Sun clinics in different areas of the country. These visits helped to establish solid ties between SSFP and local leaders and to increase customer referrals to the clinics.</p>
<p><b>D.Net</b></p> <p><b>Mobile Alliance for Maternal Action (MAMA)</b></p> <p><i>Partnership type: Strategic business alignment</i></p> <p><i>2011 to December 2012</i></p>	<p>The Mobile Alliance for Maternal Action project is a public-private partnership that seeks to improve maternal and child health by harnessing the power of mobile technology to deliver vital health information to new and expectant mothers. The initiative is led by USAID and Johnson &amp; Johnson, with support from BabyCenter, mHealth Alliance, and the United Nations Foundation.</p> <p>With support from the MAMA project, SSFP partnered with D.Net, a Bangladeshi mobile phone service provider, to develop a mobile phone based health information service to expecting and new mothers. The partnership aimed to improve health knowledge and health-seeking behavior of 500,000 pregnant women and new mothers. SSFP worked to promote the service and register potential subscribers within its catchment area. Approximately 678 SSFP service providers have helped register more than 3,600 subscribers to this pilot initiative.</p>

<p><b>EngenderHealth</b> <b>Mayer Hashi Project</b> <i>Partnership type: USAID project collaboration May 2009 to December 2012</i></p>	<p>EngenderHealth's Mayer Hashi project, funded by USAID, works to improve women's health in Bangladesh by increasing awareness of and access to long acting and permanent methods of family planning (LAPMs), such as implants, IUDs, and male and female sterilization. The SSFP Family planning task force actively coordinated with EngenderHealth to train SSFP service providers. Over the life of the project 125 providers, including doctors, paramedics, and counselors, were trained on LAPM clinical monitoring, sterilization, IUD insertion, post-partum IUD, and counseling for effective use of family planning. SSFP also promoted post-partum family planning, supported by Mayer Hashi.</p>
<p><b>Family Health International (FHI)</b> <b>Bangladesh HIV/AIDS Project (BAP)</b> <i>Partnership type: USAID project collaboration February 2009 to October 2009</i></p>	<p>SSFP collaborated with Family Health International's activities on the USAID-funded Bangladesh HIV/AIDS project (BAP). This unique collaboration provides a full range of family planning, maternal health and limited curative care services to the female sex workers who visit BAP's Integrated Health Centers. Satellite teams from SSFP partners provide testing services (e.g., pregnancy test, blood sugar, blood grouping, etc.), beyond the HIV tests the Integrated Health Centers previously provided, and access to modern contraceptive methods. By combining program services in one convenient location, women who may not have otherwise sought primary health care now have access to full range of services. The partnership expanded to provide health services to the children of sex workers, men who have sex with men, and other vulnerable communities served by BAP. The partnership extended to five districts in total (Comilla, Barisal, Chittagong, Sylhet, and Dhaka City Corporation) and works with eleven of SSFP's partner NGOs (CWFD, Swarnivar, SSKS, SUPPS, Image, Niskriti, PKS, FDSR, Kanchan Samity, VPKA, KAJUS)</p>
<p><b>Family Health International 360 (FHI-360)</b> <b>Modhumita</b> <i>Partnership type: USAID project collaboration September 2009 to December 2012</i></p>	<p>The Modhumita Program is the follow-on to the USAID-funded Bangladesh HIV/AIDS project. SSFP continued its partnership with FHI 360 to provide a full range of family planning, maternal health, and other essential health services to sex workers. FHI 360 also provided job aides and BCC materials for use by Smiling Sun service providers. Further FHI 360 trained service providers on ensuring confidentiality, reducing stigma, and conveying a non-judgmental attitude to customers from high-risk groups.</p>
<p><b>Family Health International 360 (FHI-360) and Helen Keller International (HKI)</b> <b>Food and Nutrition Technical Assistance (FANTA) Project, II and III</b> <i>Partnership type: USAID project collaboration June 2011 to December 2012</i></p>	<p>SSFP teamed up with the FHI 360/Food and Nutrition Technical Assistance II Project (FANTA-2) and Helen Keller International (HKI) Bangladesh to integrate maternal and child nutrition services into SSFP programs. As part of this activity, HKI conducted an assessment in 2011 to identify how an Essential Nutrition Actions package could be integrated in USAID-funded health service delivery projects. Based on the results, a fresh nutrition component was integrated into SSFP beginning in April 2012. In the first phase, 10 ultra clinics with emergency obstetric care facilities and 10 vital clinics with essential service delivery were associated with the program. Twelve monitoring offices from nine partner NGOs of the 30 clinics received a training of trainers on infant and young child feeding. These officers then went on to train 732 clinic staff including community service providers from the 30 clinics. Additionally, FHI 360/FANTA provided capacity building support to Smiling Sun service</p>

	providers to strengthen the on-going quality improvement, supervision, and monitoring system for nutrition activities.
<p><b>International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B)</b></p> <p><b>Scaling-up Zinc for Young Children (SUZY) Project</b></p> <p><i>Partnership type:</i> <i>Strategic collaboration</i> <i>2008 to 2010</i></p>	<p>The Smiling Sun network partnered with the International Centre for Diarrheal Disease Research, Bangladesh's (ICDDR,B) Scaling-up Zinc for Young Children (SUZY) project to strengthen the capacity of SSFP's clinical service providers to treat diarrhea with zinc tablets to reduce the occurrence, reoccurrence, and severity of diarrhea cases in children under five. ICDDR,B trained all network monitoring officers and staff from six Smiling Sun clinics (belonging to six different partner NGOs in and around Dhaka) how to recognize diarrhea cases, how to treat them, how/when zinc should be administered, why zinc should be administered in conjunction with oral re-hydration salts, and when to refer severe cases to a higher level treatment center. Smiling Sun monitoring officers have begun providing cascade training to their clinic staff.</p> <p>In 2010, SSFP signed a Memorandum of Understanding with ICDDR,B to complete a study entitled "Documentation of DOTS (Directly observed treatment short-course) delivery strategies in selected urban areas in Bangladesh." The study was funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.</p>
<p><b>Concern Worldwide</b></p> <p><b>Integrated Urban Nutrition Project (IUNP)</b></p> <p><i>Partnership type:</i> <i>Strategic collaboration</i> <i>May 2010 to December 2012</i></p>	<p>Concern Worldwide, SSFP, and two partner NGOs, IMAGE and NISHKRITI, collaborated on the implementation of Integrated Urban Nutrition Project (IUNP) in Chittagong. SSFP and Concern Worldwide work collectively for the betterment of the extreme poor and vulnerable people in urban areas by contributing to the national poverty reduction strategy in Bangladesh. In line with Bangladesh's Health Population and Nutrition Sector Strategic Plan 2011-2016 and the partners' program plans, this collaboration identified a range of evidence based "direct" nutrition interventions to contribute to improving maternal and child health. SSFP then aimed to integrate these into the primary health care services that are provided daily.</p>
<p><b>Save the Children</b></p> <p><b>Helping Babies Breath (HBB)</b></p> <p><i>Partnership type:</i> <i>Strategic collaboration</i> <i>June 2011 to December 2012</i></p>	<p>In 2011, SSFP and Save the Children partnered to better utilize the resources to curb neonatal mortality in Smiling Sun network. Save the Children trained 290 participants from the SSFP network on their Helping Babies Breath curriculum. SSFP paramedics and medical officers received training on neonatal resuscitation techniques. Additionally, SSFP's all ultra clinics and vital clinics that offer home delivery services were equipped with NeoNatalie resuscitators and Penguin suckers.</p>
<p><b>Save the Children</b></p> <p><b>Jibon-O-Jibika Program</b></p> <p><i>Partnership type:</i> <i>Strategic collaboration</i> <i>June 2010 to December 2012</i></p>	<p>The Jibon-O-Jibika is a household Food Security program of Save the Children funded by USAID under P.L.-480 program. The overarching goal of the Jibon-O-Jibika project is to decrease household food insecurity in select upazilas of three districts in Barisal Division. Save the Children and SSFP partnered on a pilot project to integrate 3,100 community health volunteers from SC's Jibon-O-Jibika program into the SSFP network. SSFP provided training to assist these volunteers in becoming SSFP community service providers in the Barisal division.</p>
<p><b>Saving Newborn Lives</b></p>	<p>SSFP partnered with to Save the Children's Saving Newborn Lives Program and the Community based Post Natal Care study in</p>

<p><b>(Save the Children)</b>  <i>Partnership type:  Strategic collaboration  September to October  2010</i></p>	<p>Bangladesh team from the Obstetrical and Gynaecological Society of Bangladesh to help SSFP cascade essential newborn care training to all Smiling Sun service providers.</p>
<p><b>Social Marketing Company (SMC)</b>  <i>Partnership type:  Strategic business alignment  2009 to December 2012</i></p>	<p>Supported by USAID since 1974, Social Marketing Company (SMC) utilizes social marketing techniques to promote socially beneficial behaviors by accessing affordable health commodities, such as contraception, vitamins, and oral hydration salts. SMC and SSFP formed a strategic alliance to work on improving maternal health, nutritional status in children in the communities SSFP serves. SMC distributed MoniMix, a vitamin and mineral sprinkle for children, at the clinic level and trains community service providers for dispensing at the community level along with safe delivery kits. Additionally, SMC helped to establish a referral network for potential LAPM users and lab customers by linking from Blue Star providers and SSFP clinics.</p>
<p><b>United Nations Development Programme (UNDP)</b>  <b>Urban Partnerships for Poverty Reduction Project (UPPR)</b>  <i>Partnership type:  Strategic collaboration  September 2011 to  December 2012</i></p>	<p>Urban Partnerships for Poverty Reduction Project (UPPRP) is a project of UNDP that works to make a substantial investment in upgrading slum infrastructure in currently 23 towns, particularly water and sanitation to address environmental health issues.</p> <p>SSFP and UPPRP established a partnership to provide primary health services at Smiling Sun clinics to UPPRP's listed poor and extreme poor customers in Sylhet, Rangpur, Nowga, Dinazpur, Hobigonj, Gazipur, Tangail, Maymansing, Tongi and Khulna city areas. As part of the agreement, SSFP offered services to poor customers including extremely poor customers from clinic adjacent households. Services include maternal health, safe delivery, child health, family planning, limited curative care, and diagnostic services. The customers received immunization and vitamin-A capsules for children less than one year old and family planning commodities free of cost, and a seven percent discount on medicines at Smiling Sun clinics. UNDP reimbursed the service charges for the extremely poor and poor, as well as the operational costs for staff and costs for equipment for select clinics on those districts.</p>
<p><b>University of California, San Francisco (UCSF), The Global Health Group</b>  <i>Partnership type:  Strategic collaboration  2011</i></p>	<p>The Global Health Group at the University of California, San Francisco (UCSF) published a case study on clinical social franchising based on the Smiling Sun Franchise Program (<a href="http://www.sf4health.org/resources/case-studies">http://www.sf4health.org/resources/case-studies</a>). While this case study was conducted by UCSF and funded by grant resources at the University's disposal, these studies showcase innovative health service delivery platforms that leverage the strengths of the private sector to achieve public health goals, while at the same time showcasing the work of SSFP.</p>
<p><b>Underprivileged Children's Educational Programs (UCEP)</b>  <i>Partnership Type:  Strategic Collaboration  September 2012 to</i></p>	<p>The Underprivileged Children's Educational Programs (UCEP) Bangladesh is a leading national NGO working for the gradual elimination of child labor and poverty in society. The main objective of UCEP programs is to ensure human rights with a view to improve the socio-economic status of the urban poor. UCEP is a hub of 46 thousand working children age 11 to 17 who reside in the urban slums in Dhaka, Chittagong, Khulna, Rajshahi, Barisal, Sylhet,</p>

<p><i>December 2012</i></p>	<p>Rangpur and Gazipur. The students learn marketable skills and are provided employment support service through integrated general and vocational education and technical education. UCEP currently operates 53 IGV schools and 10 technical schools with an average enrollment of 780 students and 500 students respectively.</p> <p>SSFP partnered with UCEP to provide medical services to the urban poor working children that are studying at UCEP schools. Under this agreement, 46,000 students of UCEP schools and 138,000 of their family members in eight districts are receiving a range of medical services free of cost from Smiling Sun clinics. The free medical services include medical check-ups, consultations, treatments and vaccinations. The students and their family members also receive a 25 percent discount on pathological tests. Satellite teams of Smiling Sun clinics are organizing monthly health education sessions in each school during satellite sessions.</p>
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## **ANNEX B: SMILING SUN PARTNER NGO PROFILES**

(LISTED ALPHABETICALLY)

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## Bangladesh Association for Maternal & Neo-natal Health (BAMANEH)

BAMANEH is a national NGO established in October 1979 by a group of experienced medical professionals and social workers united by a common goal: to reduce the maternal and infant mortality and improve reproductive and child health in Bangladesh.

Since 1982, BAMANEH has been rendering necessary services for the improvement of mother and child health throughout Bangladesh. It primarily provides maternal and child health and family planning services in 17 upazilas with the financial support of USAID and Dhaka City Corporation. The organization is affiliated with the International Association for Maternal and Neonatal Health (IAMANEH) and is also a member of the Voluntary Health Services Society.

### DISTRICTS SERVED

Faridpur, Comilla, Naogoan, Bogra, Narayanganj, Munshigonj, Dhaka, Jamalpur, and Sherpur.

### SERVICES

- All clinics offer ANC, PNC, IUD, IMCI, RTI/STI, and vaccination/EPI services.
- Two clinics provide emergency obstetric care.
- Five clinics provide home deliveries.
- Ten clinics have extended lab services.

### AWARDS/SPECIAL RECOGNITION

BAMANEH received the Unique Performance award at the fifth International Congress on Maternal and Neonatal Health from Mother and Child International, IAMANEH, in 1994.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 64.

*Financial management:* Satisfactory.

*Monitoring and results:* Performance is good, the MIS officer and project director are working hard to implement the MIS. Understanding of the MIS and performance by some clinic staff will require continual training, mentoring and follow up.

*Organizational development:* BAHMANEH is one of the 10 high-performing NGOs selected for targeted capacity building support and is one of 12 NGOs with a completed human resources manual.

### Project Director:

Mr. Habibur Rahman

### Contact Information:

House # 11 (1st Floor), Road # 2,  
Shyamoli, Dhaka-1207  
Telephone: 9111168

Total Staff: <b>275</b>	Total CSP: <b>499</b>	
Static Clinics: <b>20</b>	Urban: <b>7</b>	
Satellite: <b>664</b>	Rural: <b>13</b>	
	Year 1	Year 5
Total service contacts	<b>2,048,780</b>	<b>2,131,055</b>
Percent of poor clients	<b>17.0 %</b>	<b>24.0 %</b>
Cost recovery rate	<b>28.2%</b>	<b>35.2%</b>
Couple-years of protection	<b>89,988</b>	<b>108,058</b>
ANC visits by skilled provider	<b>65,141</b>	<b>73,811</b>
Deliveries by skilled birth attendant	<b>618</b>	<b>860</b>
PNC visits within 3 days of birth	<b>15,532</b>	<b>21,214</b>
Children <5 years receiving Vitamin-A	<b>20,951</b>	<b>9,839</b>

## Bandhan

Bandhan is a non-political, nonprofit social welfare organization established in 1982. The organization aims to promote community welfare through developing public health, water sanitation, and human rights services. Since its inception, Bandhan has been working with different government institutions, such as the Department of Health and Family Planning, the Office of Deputy Commissioners, and other local government institutions, to provide health services. In 1983, Bandhan became a partner of USAID to continue working on health and family planning projects in Bangladesh. The organization collaborated with the SSFP in August 2007 to further develop the public health sector in six *upazilas*.

Bandhan has been involved with other social welfare activities. From 2004 to 2008, the organization conducted the *Let Children Speak* project to promote child rights. It also implemented the *Narir Odhikar* (Women Rights) project from 2004 to 2007. Bandhan has promoted water supply and hygiene services in its target areas and worked to mitigate arsenic in the Sadar and Begumgonj *upazilas* of Noakhali District from 2005 to 2008.

### DISTRICTS SERVED

Noakhali and Brahmanbaria districts.

### SERVICES

- All clinics have IMCI, ANC/PNC, IUDs, RTI/STI, and vaccination/EPI services.
- Three clinics offer home delivery services.

### AWARDS/SPECIAL RECOGNITION

From 2007 to 2011, Bandhan was awarded the Best Clinic Award by the District Family Planning Office in Brahmanbaria. On World Population Day, from 2007 to 2010, the Nasirnagar Smiling Sun Clinic received the Best Clinic Award. The Kasba Smiling Sun Clinic also received the Best Clinic Award on World Population Day in 2010 and 2011.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 44.

*Financial management:* Satisfactory.

*Monitoring and results:* Performance is excellent, and the MIS officer has a strong understanding of the online MIS.

### Project Director:

Md. Aminuzzaman

### Contact Information:

Sonapur, Upazila-Sadar, Noakhali-3802

Telephone: 0321-61241

Total Staff: <b>94</b>	Total CSP: <b>292</b>	
Static Clinics: <b>6</b>	Urban: <b>0</b>	
Satellite: <b>319</b>	Rural: <b>6</b>	
	Year 1	Year 5
Total service contacts	<b>832,088</b>	<b>1,005,649</b>
Percent of poor clients	<b>55.2%</b>	<b>38.3%</b>
Cost recovery rate	<b>17.8%</b>	<b>22.2%</b>
Couple-years of protection	<b>28,324</b>	<b>36,333</b>
ANC visits by skilled provider	<b>36,402</b>	<b>47,382</b>
Deliveries by skilled birth attendant	<b>44</b>	<b>74</b>
PNC visits within 3 days of birth	<b>14,545</b>	<b>18,888</b>
Children <5 years receiving Vitamin-A	<b>1,406</b>	<b>766</b>

## Community Re-construction Center (CRC)

CRC was established in 1982 and began implementing USAID programs in 1987. CRC provides health service for the poorest of the poor and hard-to-reach people in the river-based coastal and mangrove areas, including areas affected by Cyclone Sidr. In 2007, CRC worked with the U.S. and Bangladeshi armed forces to recover and treat provide health services, blankets, food and other items to people seriously affected by the cyclone. CRC's receives financial support from community leaders in the form of *jakat* donations. Medicines are donated by pharmaceuticals representatives.

CRC implemented the RSDP and NSDP from 1997 to 2007 and has partnered with SSFP since 2007. CRC provides health service to sex workers in different clinic areas. Smiling Sun Clinics in Bagerhat and Banishanta Mongla conduct satellite clinics with EPI sessions in brothels. In 2010, CRC constructed a Smiling Sun clinic building in Sharonkhola with a donation from CEMEX Cement International. The president of CRC donated roughly 6,500 square feet of land for the construction of the building.

### DISTRICTS SERVED

Bagerhat and Pirojpur districts.

### SERVICES

- All clinics offer ANC, PNC, family planning, IUDs, IMCI, RTI/STI, and vaccination/EPI services.
- Two clinics offer implant, non-scalpel vasectomy, and tubectomy services.
- One clinic offers home delivery.
- One clinic offers lab services.

### AWARDS/SPECIAL RECOGNITION

S. M. Mahfuz Ali, project director of CRC, was awarded Best Project Director by SSFP in 2010 (1<sup>st</sup> place) and in 2009 (3<sup>rd</sup> place). CRC was also awarded National Population Award in 2011 by the Khulna Division Government of Bangladesh.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 56.

*Financial management:* Satisfactory.

*Monitoring and results:* Average performance adopting the online MIS; CRC is encouraged to focus on monitoring clinic use of the system from the NGO level.

*Organizational development:* CRC is one of twelve NGOs with a completed human resources manual.

### Project Director:

S. M. Mahfuz Ali

### Contact Information:

House-A28, Road-17, (Thana Road), Khalishpur Housing Estate, Khalishpur, Khulna-9000  
Telephone: 1711308778

Total Staff: <b>80</b>	Total CSP: <b>112</b>	
Static Clinics: <b>5</b>	Urban: <b>3</b>	
Satellite: <b>165</b>	Rural: <b>2</b>	
	Year 1	Year 5
Total service contacts	<b>468,919</b>	<b>794,769</b>
Percent of poor clients	<b>40.5%</b>	<b>42.7%</b>
Cost recovery rate	<b>24.2%</b>	<b>22.5%</b>
Couple-years of protection	<b>25,284</b>	<b>33,875</b>
ANC visits by skilled provider	<b>24,886</b>	<b>52,961</b>
Deliveries by skilled birth attendant	<b>2</b>	<b>76</b>
PNC visits within 3 days of birth	<b>7,705</b>	<b>17,398</b>
Children <5 years receiving Vitamin-A	<b>4,441</b>	<b>11,927</b>

## Concerned Women for Family Development (CWFD)

CWFD is a non-political, nonprofit, voluntary national organization that emerged to serve the women of Bangladesh. The organization started its activities in January 1976, with an initial focus to provide family-planning services to urban slum households of Dhaka, where no services were available at that time. Door-to-door visits and one-on-one communications strategies were used for service delivery. Over the years, CWFD expanded from its small-scale family-planning program to a broad reproductive health program.

Currently, CWFD works throughout Bangladesh, in both urban and rural areas, covering a catchment population of approximately 2.5 million. CWFD's clinics offer primary health care, safe delivery with basic and emergency obstetric care services as well as awareness programs on reproductive health and domestic violence.

### DISTRICTS SERVED

Dhaka City Corporation, Barisal City Corporation, Bhola, Gazipur, Jhalokathi, Mymensingh, Netrokona, Tangail.

### SERVICES

- All clinics offer ANC, PNC, IUD, IMCI, RTI/STI, and vaccination/EPI services.
- Thirteen clinics have lab services, while 11 have TB (DOTS) testing facilities.
- Four clinics provide emergency obstetric care
- Three clinics have ultrasonogram services.
- Five clinics have implant, non-scalpel vasectomy, and tubectomy services.
- One clinic has home delivery services.

### AWARDS/SPECIAL RECOGNITION

In 1991, CWFD was awarded the Population Award by the Bangladesh Government. The Executive Director of CWFD received the Margaret Sanger Award from International Planned Parenthood Federation and the Leadership Award from CEDPA in 1992. That same year, CWFD also received the Prime Minister Award for its unique performance in health and family planning. CWFD achieved Women's' Global Leadership Awards in June 2002, Global Health Hero from Time Magazine in December 2005.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 87.

*Financial management:* Satisfactory. One area of improvement for CWFD is timeliness of report submissions.

*Monitoring and results:* Performance is good and clinic monitoring is regularly conducted. However, clinic staff members have a limited understanding and performance.

*Organizational development:* CWFD is one of the 10 high-performing NGOs selected to receive targeted capacity building support and is one of twelve NGOs with a completed human resources manual.

**Project Director:**  
Mrs. Nargis Sultana

**Contact Information:**  
Plot # 16 & 18, Road # 1, Block-E,  
Bonosree Housing Project,  
Rampura, Dhaka-1219  
Telephone: 7287046, 7287116

Total Staff: <b>248</b>	Total CSP: <b>0</b>	
Static Clinics: <b>21</b>	Urban: <b>21</b>	
Satellite: <b>229</b>	Rural: <b>0</b>	
	Year 1	Year 5
Total service contacts	<b>690,680</b>	<b>720,815</b>
Percent of poor clients	<b>18.2%</b>	<b>25.2%</b>
Cost recovery rate	<b>40.2%</b>	<b>46.7%</b>
Couple-years of protection	<b>17,106</b>	<b>37,709</b>
ANC visits by skilled provider	<b>44,812</b>	<b>38,641</b>
Deliveries by skilled birth attendant	<b>478</b>	<b>634</b>
PNC visits within 3 days of birth	<b>7,676</b>	<b>8,883</b>
Children <5 years receiving Vitamin-A	<b>19,327</b>	<b>5,509</b>

## Family Development Services & Research (FDSR)

FDSR, a national NGO, has been working with SSFP to provide health and family planning services since October 2007. Recently, it has established Smiling Sun clinics in Rangamati, Khagrachari, and Bandanban Districts. FDSR provides extended health services through the corporate social responsibility activities of private sector partners. KAFCO donated funds for an ultra clinic building in Anowara, Chittagong, including medical equipment and ambulances. Grameenphone funded the Safe Motherhood and Infant Care project, along with medicine, ambulance, laboratory test services, and an operation theater and MARESK International Shipping lines donated operating theater lights and table, anesthesia, and sucker machines for Cox's Bazaar Ultra clinic.

In addition, FDSR manages limited-scale microfinance programs in Chittagong, funded by Palli Kormo Sahayak Foundation. FDSR has also been involved with other social ventures, such as the Victim Support Program in collaboration with Bangladesh Police Department through the UNDP Police Reform Program. FDSR also supports a relief and rehabilitation program for people with disabilities in the Tangail, Natore, and Rajshahi areas. It also manages a primary education program in Chittagong.

### DISTRICTS SERVED

Rajshahi, Natore, Tangail, Norshingdi, Dhaka, Chittagong, Cox's Bazaar, Rangamati, Khagrachari and Bandarban Hill District.

### SERVICES

- All clinics offer vaccination/EPI services, CDD, ARI, IMCI, vitamin-A, ANC, PNC, pill, condom, Indepo, IUD, family planning complication management, communicable disease, RTI/STI, and limited curative care.
- Twelve clinics have implant services.
- Eleven clinics have lab testing facilities.
- Five clinics provide home deliveries, ultrasonogram services, non-scalpel vasectomy, and tubectomy services.
- Four clinics have expanded pharmacy.
- Thirteen clinics provide emergency obstetric care.
- Six clinics have ambulance services.

### AWARDS/SPECIAL RECOGNITION

FDSR obtained the best executive director and finance and administrative manager award in 1995 from the Asia Foundation, funded by USAID. The organization also achieved first runner up for the Best Program Director selection by SSFP in 2010.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 88.

*Financial management:* Satisfactory.

*Monitoring and results:* Performance is excellent with direct supervision of the online MIS by the project director. Most clinics perform well, with the exception of the ultra clinics. SSFP provided these clinics with an additional laptop to make daily service data entry more efficient.

*Organizational development:* FDSR is as one of the 10 high-performing NGOs selected to receive targeted capacity building support and is one of twelve NGOs with a completed human resources manual.

**Project Director:**  
Sheikh Nazrul Islam

**Contact Information:**  
Boiltali Road, Bus Station, Patia, Chittagong, House # 24, Road # 14, Sector # 12, Uttara Model Town, Dhaka-1230  
Telephone: 01818-845037, 0173-0004405

Total Staff: <b>299</b>	Total CSP: <b>481</b>
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Static Clinics: <b>15</b>	Urban: <b>5</b>
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Satellite: <b>565</b>	Rural: <b>10</b>
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	Year 1	Year 5
Total service contacts	<b>1,332,873</b>	<b>1,582,511</b>
Percent of poor clients	<b>49.3%</b>	<b>46.8%</b>
Cost recovery rate	<b>34.7%</b>	<b>37.3%</b>
Couple-years of protection	<b>45,869</b>	<b>71,608</b>
ANC visits by skilled provider	<b>62,204</b>	<b>74,634</b>
Deliveries by skilled birth attendant	<b>2,146</b>	<b>6,040</b>
PNC visits within 3 days of birth	<b>15,428</b>	<b>19,973</b>
Children <5 years receiving Vitamin-A	<b>11,664</b>	<b>10,096</b>

## Image

Image is a national NGO committed to serving low-income people by providing essential health services, raising awareness on maternal and child nutrition issues, and empowering women through income-generation programs. Image was actively involved in the UFHP from August 1997 to June 2002 to deliver essential services package. In 2007, Image partnered with the SSFP to continue carrying out the Essential Service Delivery Program in Chittagong City Corporation.

Moreover, Image holds special health programs on maternal, child, and adolescent health as well as HIV/AIDS programs in Chittagong and Cox's Bazaar Districts. Image has been implementing a TB program and the Integrated Urban Nutrition Project with financial and technical support from Global Fund for AIDS, Malaria and Tuberculosis, BRAC and Concern Worldwide, respectively.

In addition, Image conducts income-generating programs to help women become independent by starting their own small businesses. Image's Sewing Training Program, funded by Rotary Club of Chittagong Downtown and Onnesha Dhaka, offers sewing courses to help participating women become self reliant.

### DISTRICTS SERVED

Chittagong and Cox's Bazar districts.

### SERVICES

- All clinics offer ANC, PNC, IUDs, implant, IMCI, RTI/STI, and vaccination/EPI services.
- Four clinics have TB testing facilities.
- Two clinics offer emergency obstetric care.
- One clinic provides non-scalpel vasectomy and tubectomy services.

### AWARDS/SPECIAL RECOGNITION

Image has been recognized by different private institutions, including Rotary Club of Chittagong Downtown, Kattali High School, Midcity Model School, Gulchampa-Gulshan Primary School, Faiz Ali Memorial Kinder Garten, and Bandhan Club.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 91.

*Financial management:* Satisfactory.

*Monitoring and results:* Online MIS performance needs improvement. Understanding of the MIS and data entry at the clinic level is good; however, the project director and MIS officer need to improve clinic monitoring of the system.

### Project Director:

Ms. Selina Akhter

### Contact Information:

Saleh Mension, 22/A, Zakir Hossain Road, Khulshi, Chittagong  
Telephone: 031-612263, 01817-772363

Total Staff: <b>104</b>	Total CSP: <b>0</b>	
Static Clinics: <b>5</b>	Urban: <b>5</b>	
Satellite: <b>48</b>	Rural: <b>0</b>	
	Year 1	Year 5
Total service contacts	<b>311,198</b>	<b>457,849</b>
Percent of poor clients	<b>33.6%</b>	<b>46.4%</b>
Cost recovery rate	<b>38.4%</b>	<b>54.3%</b>
Couple-years of protection	<b>11,100</b>	<b>12,689</b>
ANC visits by skilled provider	<b>21,116</b>	<b>27,325</b>
Deliveries by skilled birth attendant	<b>396</b>	<b>1,283</b>
PNC visits within 3 days of birth	<b>6,176</b>	<b>10,691</b>
Children <5 years receiving Vitamin-A	<b>6,592</b>	<b>7,247</b>

## Jatiya Tarun Sangha (JTS)

JTS is a national NGO, established in 1966, that aims to improve the quality of life and promote community welfare by engaging the youth in active volunteerism. JTS is registered with the Department of Social Welfare, Directorate of Family Planning, and the NGO Affairs Bureau, and is also a member of the World Assembly of Youth. JTS, in collaboration with SSFP, provides public health services to a catchments area of 300,000 families in 12 districts.

In addition, JTS has various education, income-generating, and voluntary programs, as well as a paramedic training center. The JTS Barapangashi College in Sirajgonj and the JTS Academy in Rajshahi, JTS Shishu Shikkha Niketon, Dhaka are few of the many educational institutes that JTS funds. The micro-credit loan program is also self-funded. Finally, JTS has helped set up volunteering programs that run fisheries in Tarash, Sirajgonj; the income generated from the fisheries is used for funding social venture projects.

### DISTRICTS SERVED

Rajshahi, Natore, Manikgonj, Gazipur, Narayanganj, Maymensingh, Netrokona, Chandpur, Jessore, Narail, Chuadhangha, and Jhinaidha.

### SERVICES

- All clinics provide ANC, PNC, IUDs, IMCI, RTI/STI, and vaccination/EPI services.
- Thirteen clinics offer implant and non-scalpel vasectomy services.
- Twelve clinics have lab facilities.
- Five clinics have home delivery services.
- Three clinics offer emergency obstetric care.
- Three clinics have ultrasonogram services.

### AWARDS/SPECIAL RECOGNITION

In 2012, the Gudagari Clinic in Rajshahi, Lohagara Clinic in Narail received the Population Day Award from the government for its community-based distribution of contraception program. In 1994, JTS was also awarded by the Asia Foundation as the best NGO amongst the foundation's other funded NGOs. In 2006, JTS Sreepur clinic was awarded the best clinic award by NSDP.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 84.

*Financial management:* Satisfactory.

*Monitoring and results:* Excellent performance with the online MIS. The MIS officer has a strong understanding of the system. In the final training of SSFP network staff, the JTS MIS officer aided in facilitating the training.

*Organizational development:* JTS is one of the 10 high-performing NGOs selected to receive targeted capacity building assistance and is one of twelve NGOs with a completed human resources manual.

**Project Director:**  
Sultan Selim Ahmed

**Contact Information:**  
"Tarun Bhaban", 21 Hazaribagh Road, Dhaka-1209, Bangladesh  
Telephone: 8622835

Total Staff: <b>1,000</b>	Total CSP: <b>611</b>	
Static Clinics: <b>27</b>	Urban: <b>6</b>	
Satellite: <b>908</b>	Rural: <b>21</b>	
	Year 1	Year 5
Total service contacts	<b>2,549,246</b>	<b>3,661,968</b>
Percent of poor clients	<b>14.9%</b>	<b>34.4%</b>
Cost recovery rate	<b>32.2%</b>	<b>27.9%</b>
Couple-years of protection	<b>127,548</b>	<b>168,074</b>
ANC visits by skilled provider	<b>55,877</b>	<b>74,410</b>
Deliveries by skilled birth attendant	<b>149</b>	<b>257</b>
PNC visits within 3 days of birth	<b>12,766</b>	<b>23,602</b>
Children <5 years receiving Vitamin-A	<b>14,654</b>	<b>19,492</b>

## Kalikapur Jubo Sangsad (KAJUS)

KAJUS (Kalikapur Youth Organization in English) is a voluntary, non-political organization established in February 1974 to promote child and family welfare, education, public health, environmental awareness, and human rights issues in Bangladesh.

Since 2007, KAJUS has been working with the SSFP to deliver an essential service package to a catchment population of roughly 99,000. SSFP's Urban Health and Hygiene program with KAJUS has two static and 46 satellite clinics. Additionally, KAJUS has also received support from CARE Bangladesh and Save the Children to reach out to sex workers and clients in brothels in Patuakhali with essential health services. In 2002, KAJUS collaborated with UNICEF and the government of Bangladesh to conduct a water and sanitation program, reaching 10,000 service contacts. KAJUS also has received support from Family Health International, HIV/AIDS/STD Alliance Bangladesh, South Asian Partnership-Bangladesh, and NGO Forum

### DISTRICTS SERVED

Barguna and Patuakhali districts.

### SERVICES

- All clinics offer home delivery, ANC, PNC, IUDs, implant, IMCI, RTI/STI, and vaccination/EPI services.
- One clinic has non-scalpel vasectomy and tubectomy services.
- One clinic has a pharmacy.

### AWARDS/SPECIAL RECOGNITION

KAJUS was awarded the Best Organization by the prime minister of Bangladesh in 2002 for its commendable work at reducing population growth.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 90.

*Financial management:* Satisfactory.

*Monitoring and results:* MIS performance needs improvement. The finance and administrative manager supports the system as there the NGO does not have an MIS officer. More monitoring from the project director is required.

**Project Director:**  
Md. Khabir Uddin Ahmed

**Contact Information:**  
Jubo Sangsad Sarak, Town  
Kalikapur, Patuakhali  
Telephone: 0441-63551

Total Staff: <b>32</b>	Total CSP: <b>0</b>	
Static Clinics: <b>2</b>	Urban: <b>2</b>	
Satellite: <b>46</b>	Rural: <b>0</b>	
	Year 1	Year 5
Total service contacts	<b>79,314</b>	<b>160,025</b>
Percent of poor clients	<b>24.0 %</b>	<b>39.6%</b>
Cost recovery rate	<b>43.3%</b>	<b>33.2%</b>
Couple-years of protection	<b>4,381</b>	<b>7,678</b>
ANC visits by skilled provider	<b>6,493</b>	<b>18,120</b>
Deliveries by skilled birth attendant	<b>10</b>	<b>165</b>
PNC visits within 3 days of birth	<b>1,087</b>	<b>5,013</b>
Children <5 years receiving Vitamin-A	<b>463</b>	<b>3,373</b>

## Kanchan Samity

Kanchan Samity was established in 1981 to promote sustainable health and population programs and to improve child and maternal mortality. Health has been one of the core competency areas of Kanchan. In addition to working with SSFP, it also has a health rights project, supported by DFID through Population Services Training Center-Dhaka. Kanchan also implements informal primary education programs with its own resources.

Kanchan has received generous support from several government entities and NGOs. The government's Demand Side Financing program has allowed pregnant mothers to be referred from government health complex to Kanchan's Smiling Sun clinic, Paharpur, for emergency obstetric care.

### DISTRICTS SERVED

Dinajpur, Nilphamari, Thakurgaon, Joypurhat, and Kurigram.

### SERVICES

- All clinics provide ANC, PNC, IUDs, IMCI, RTI/STI, and vaccinations/EPI.
- Two clinics provide implants.
- Ten clinics provide non-scalpel vasectomy and tubectomy.
- Ten clinics provide lab services.
- Three clinics have pharmacies.
- Four clinics offer emergency obstetric care.
- Four clinics offer ultrasonogram services.
- Two clinics provide home delivery services.

### AWARDS/SPECIAL RECOGNITION

Kanchan received the Best Project Director award from SSFP/USAID in 2010. The organization also received the best NGO National award for providing mother and child health and family planning services in Nilphamari District (Rangpur Division). Kanchan clinics received awards in Thakurgaon and Kurigram Districts in the World Population Day awards in 2009.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 83.

*Financial management:* Satisfactory.

*Monitoring and results:* Performance is good, and the MIS officer has a strong understanding of the online MIS.

*Organizational development:* Kanchan is one of the 10 the high-performing NGOs selected to receive targeted capacity building support and is one of twelve NGOs with a completed human resources manual.

### Project Director:

Dewan Mosaddek Kabir

### Contact Information:

Plot # 10, Block # 08, New Town,  
(opposite side of Medical College )  
Dinajpur-5200  
Telephone: 0531-64947, 0531-51553

Total Staff: <b>248</b>	Total CSP: <b>258</b>	
Static Clinics: <b>14</b>	Urban: <b>8</b>	
Satellite: <b>346</b>	Rural: <b>6</b>	
	Year 1	Year 5
Total service contacts	<b>1,304,024</b>	<b>1,581,004</b>
Percent of poor clients	<b>30.2%</b>	<b>39.4%</b>
Cost recovery rate	<b>40.4%</b>	<b>36.6%</b>
Couple-years of protection	<b>66,587</b>	<b>83,967</b>
ANC visits by skilled provider	<b>67,265</b>	<b>85,061</b>
Deliveries by skilled birth attendant	<b>1,796</b>	<b>1,803</b>
PNC visits within 3 days of birth	<b>17,974</b>	<b>26,699</b>
Children <5 years receiving Vitamin-A	<b>9,744</b>	<b>9,269</b>

## Nishkriti Social Welfare Organization

Nishkriti Social Welfare Organization is committed to serving the poor and distressed individuals in Bangladesh by providing health, family planning, and maternal-child health services. Since 1987, the organization has been working with USAID for to provide quality health services.

Nishkriti currently works with SSFP to provide its essential service delivery package. Nishkriti arranges meetings in community schools, garment factories, and youth clubs to raise awareness about different health issues. More than one-third of the customers come to the clinics for family planning services. A significant portion of customers come for immunization and maternal health services.

### DISTRICTS SERVED

Chittagong City Corporation.

### SERVICES

- All the clinics offer ANC, PNC, IUDs, IMCI, RTI/STI, and vaccination/EPI services.
- Seven of the clinics offer implant and lab services.
- Six clinics provide TB (DOTS) service.
- Three clinics have ultrasonogram facilities.
- Three clinics have caesarian/emergency obstetric care, non-scalpel vasectomy, and tubectomy services.

### AWARDS/SPECIAL RECOGNITION

Nishkriti received the Prime Minister Award in 1992 in Chittagong Division. The organization also received Best Project Director Award in 1994. Nishkriti's West Bakalia clinic has become a model for safe delivery and emergency obstetric care in the area and is frequently visited by the government of Bangladesh and other stakeholders. The clinic was awarded the Best Clinic Award in 2002. Another Nishkriti clinic at Monsurabad achieved NSDP Best Clinic Award for the year of 2006. In 2008 and 2009, Nishkriti received recognition as the Best Local NGO and also won the Population Award.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 79.

*Financial management:* SSFP conducted an OMB A133 audit in November 2012 using an external audit firm. SSFP is currently reviewing the audit findings and evaluating next steps for questioned costs.

*Monitoring and results:* MIS performance needs improvement. The project director, finance and administrative manager, and MIS officer should increase the frequency of monitoring visits.

**Project Director:**  
Dr. Renuka Alam

**Contact Information:**  
129, Jamal Khan by Lane, North side of DC Hill, Chittagong  
Telephone: 031-636118

Total Staff: <b>143</b>	Total CSP: <b>0</b>	
Static Clinics: <b>8</b>	Urban: <b>8</b>	
Satellite: <b>132</b>	Rural: <b>0</b>	
	Year 1	Year 5
Total service contacts	<b>651,767</b>	<b>672,116</b>
Percent of poor clients	<b>40.4%</b>	<b>36.9%</b>
Cost recovery rate	<b>37.9%</b>	<b>50.0 %</b>
Couple-years of protection	<b>20,297</b>	<b>23,249</b>
ANC visits by skilled provider	<b>69,211</b>	<b>68,181</b>
Deliveries by skilled birth attendant	<b>643</b>	<b>1,250</b>
PNC visits within 3 days of birth	<b>17,040</b>	<b>21,388</b>
Children <5 years receiving Vitamin-A	<b>11,746</b>	<b>13,078</b>

## Paribar Kallayan Samity (PKS)

PKS was established in 1982, in Jessore, a border region in the southwest part of the country and main gateway to India. The region suffers from various problems, such as women and child trafficking, drug smuggling, and rape. Active social workers aimed to reduce the suffering and oppression of vulnerable women and children in Jessore by organizing PKS to promote the rights of women, children, and the destitute through awareness movements.

PKS has been involved with a family planning services since 1982 through the Community Based Distribution program funded by the Family Planning Services and Training Center. Funds paid for the distribution of contraceptives and vitamin-A capsules and providing immunization and maternal and child health services to local communities. PKS qualified to operate UFHP to provide essential services through the USAID-funded National Integrated Health and Population Program until June 2002. PKS then worked with NSDP from July 2002 to September 2007.

Since October 2007, PKS has been providing ESD services in collaboration with SSFP to a total estimated catchments population of around 1,496,930.

### DISTRICTS SERVED

Jessore, Khulna, Satkhira, Narail, Magura, Chuadanga.

### SERVICES

- All of the clinics provide ANC, PNC, IUDs, child health, IMCI, RTI/STI, family planning, and vaccination services.
- Twenty-two clinics offer implant services.
- Ten clinics provide non-scalpel vasectomy services.
- Ten clinics have TB services providing DOTS treatment; four clinics have a microscopic center testing facility.
- Six clinics have tubectomy and extended lab services.
- Four clinics have ultrasonogram and emergency obstetric services.
- Three clinics have pharmacy.
- Two clinics offer support for home deliveries.

### AWARDS/SPECIAL RECOGNITION

PKS received the National Award for its unique performance in health and family-planning services in 2004, 2008, 2009, and 2010, in Khulna Division. The organization received two national awards for clinical and community based development services in 2012 in Khulna Division. PKS Jessore Clinic also achieved the NSDP Best Clinic Award for 2006.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 92.

*Financial management:* Satisfactory.

*Monitoring and results:* MIS performance is good overall. Next steps to further improve the system are clinic level trainings focused on the accounts portion of the system.

*Organizational development:* PKS is one of the 10 high-performing NGOs selected to receive targeted capacity building support. It is one of twelve NGOs with a completed human resources manual.

### Project Director:

Ms. Farida Tun Nahar

### Contact Information:

Benapole Road, Chanchra Dal Mill,  
Jessore  
Telephone: 0421-68665, 0421-68665

Total Staff: <b>346</b>	Total CSP: <b>0</b>	
Static Clinics: <b>26</b>	Urban: <b>26</b>	
Satellite: <b>293</b>	Rural: <b>0</b>	
	Year 1	Year 5
Total service contacts	<b>1,145,129</b>	<b>1,360,932</b>
Percent of poor clients	<b>45.4%</b>	<b>35.9%</b>
Cost recovery rate	<b>29.5%</b>	<b>33.5%</b>
Couple-years of protection	<b>69,287</b>	<b>108,786</b>
ANC visits by skilled provider	<b>66,705</b>	<b>78,552</b>
Deliveries by skilled birth attendant	<b>1,346</b>	<b>1,645</b>
PNC visits within 3 days of birth	<b>19,182</b>	<b>27,419</b>
Children <5 years receiving Vitamin-A	<b>16,168</b>	<b>8,055</b>

## Proshanti

Proshanti was established in 1981 in the Noakhali District to promote health and family-planning services and to engage women in development activities. The organization started its family-planning activities in 1983 with the financial and technical support of Pathfinder International. Proshanti promotes customer/client-focused and community-oriented service delivery and aims to reach out to the vulnerable and poor populations. The organization has providing free health services and distributing medicines to the poorest of poor within its catchment area through its five Smiling Sun clinics since 2007.

Proshanti has also partnered with Bangladesh NGO Foundation to provide primary health care services and distribution of sanitary sets to disadvantaged communities with a catchment population of 9894 in Keshherpar village of Senbag Upazila in Noakhali District.

### DISTRICTS SERVED

Noakhali, Feni, and Laxmipur.

### SERVICES

- All clinics have ANC, PNC, IUD, IMCI, RTI/STI, and vaccination/EPI services.
- Two clinics offer implant services.
- One clinic provides home delivery services.

### AWARDS/SPECIAL RECOGNITION

Proshanti received the Certificate of Appreciation in recognition from the UFHP/John Snow International in 2002.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 58.

*Financial management:* Satisfactory.

*Monitoring and results:* MIS performance needs improvement. Of the 5 clinics, two are doing very well and three need improvement. Regular monitoring from the NGO level is occurring per the planned schedule, however, Proshanti should focus on training clinic staff of the three underperforming clinics.

### Project Director:

Mrs. Nazikul Malaika

### Contact Information:

Haji Bari, North of New Bus Terminal, Maijdee Court, Noakhali  
Telephone: 0321-61443,  
01712-671721

Total Staff: <b>49</b>	Total CSP: <b>0</b>	
Static Clinics: <b>5</b>	Urban: <b>5</b>	
Satellite: <b>41</b>	Rural: <b>0</b>	
	Year 1	Year 5
Total service contacts	<b>89,694</b>	<b>96,248</b>
Percent of poor clients	<b>15.9%</b>	<b>24.0 %</b>
Cost recovery rate	<b>23.1%</b>	<b>22.7%</b>
Couple-years of protection	<b>5,996</b>	<b>8,841</b>
ANC visits by skilled provider	<b>7,621</b>	<b>7,682</b>
Deliveries by skilled birth attendant	<b>11</b>	<b>1</b>
PNC visits within 3 days of birth	<b>975</b>	<b>1,432</b>
Children <5 years receiving Vitamin-A	<b>1,397</b>	<b>1,772</b>

## Palli Shishu Foundation of Bangladesh (PSF)

PSF is a nonprofit organization established in 1976 by Tofayel Ahmed, a leading pediatrician and social activist. The organization aimed to provide primary health, legal aid, and income-generating services to the least advantaged population of Bangladesh. The organization has been receiving financial support from USAID since 1982 and has continued to deliver health and family-planning services at the community levels.

PSF also plays an active role in the other development areas. PSF implemented a legal aid program to support the rural poor of the country from 1993 to 1999. PSF also started a microcredit in 1995 through collaboration with PKSF; an estimated BDT 1 million has been distributed to 9,124 members in Magura, Naogaon, Munsiganj, Madaripur, and Rangpur Districts. PSF also provides training to village health workers and medical practitioners, who play a pivotal role in providing essential health care services.

### DISTRICTS SERVED

Rangpur, Gaibandha, Naogaon, Sirajgonj, Pabna, Munshigonj, and Magura.

### SERVICES

- All clinics offer ANC, PNC, family planning, IMCI, RTI/STI, implant, and vaccination/EPI services.
- Twelve clinics have lab services.
- Five clinics provide home deliveries.
- Three clinics have emergency obstetric services.
- Two clinics have ultrasonogram services.

### AWARDS/SPECIAL RECOGNITION

PSF received the Best National NGO award from the Asia Foundation in 1986, and the Sight Savers International Award in 1999. It also received the Best Clinic Award for the Parbatipur Clinic in 2006. PSF's Gobidaganj Smiling Sun Clinic won the first position for its outstanding performance in Rangpur District on World Population Day, in July 2012.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 91.

*Overall management:* Turnover of key positions (project director and finance and administrative manager) has proven to be a challenge for PSF. The project director should increase performance monitoring for supervisees.

*Financial management:* After recruiting a new finance and administrative manager, PSF has improved financial management. PSF should focus on clinic level financial monitoring.

*Monitoring and results:* Strengthening staff capacity for the online MIS should be a focus for PSF. The MIS officer position should be filled as quickly as possible and timeliness of report submission should be improved.

### Project Director:

Mr. Ronjit Roy

### Contact Information:

C/O Dr. Tofayel Palli Shishu Bhaban, House # 6/A, Barabag, Mirpur-2, Dhaka-1216  
Telephone: 9004075

Total Staff: <b>220</b>	Total CSP: <b>538</b>	
Static Clinics: <b>15</b>	Urban: <b>0</b>	
Satellite: <b>542</b>	Rural: <b>15</b>	
	Year 1	Year 5
Total service contacts	<b>2,310,371</b>	<b>2,432,785</b>
Percent of poor clients	<b>13.6%</b>	<b>21.9%</b>
Cost recovery rate	<b>34.3%</b>	<b>36.6%</b>
Couple-years of protection	<b>130,004</b>	<b>155,765</b>
ANC visits by skilled provider	<b>50,879</b>	<b>55,698</b>
Deliveries by skilled birth attendant	<b>643</b>	<b>781</b>
PNC visits within 3 days of birth	<b>15,025</b>	<b>17,121</b>
Children <5 years receiving Vitamin-A	<b>10,703</b>	<b>12,692</b>

## Palashipara Samaj Kallayan Samity (PSKS)

PSKS is an organization that works for the improvement of public health and standard of living of all, including the least advantaged Bangladeshi population. The organization administered a family planning program funded by the Asia Foundation from 1981 to 1997. Since 2000, PSKS has been running five Smiling Sun clinics through its collaboration with USAID's RSDP and NSDP. Most recently, PSKS has also been offering the essential service package through SSFP.

Since 2004, PSKS has been in a corporate social partnership with the British American Tobacco Bangladesh. PSKS also partnered with Grameenphone in 2009 on the Safe Motherhood and Infant Care Project. Such corporate social partnerships have helped PSKS reach out to the most vulnerable populations that lack essential public health facilities.

### DISTRICTS SERVED

Meherpur, Kushtia, and Jhenaidah.

### SERVICES

- All of the clinics offer ANC, PNC, IUDs, implant, RTI/STI, and vaccination/EPI services.
- Five clinics offer have lab testing facilities.
- Three of the clinics offer emergency obstetric, tubectomy, pharmacy, and ultrasonogram services.
- Two of the clinics offer home delivery services.
- One clinic has non-scalpel vasectomy services.

### AWARDS/SPECIAL RECOGNITION

PSKS received the Prime Minister Award for its Population Program in 1991.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 87.

*Financial management:* Satisfactory.

*Monitoring and results:* Performance using the online MIS can be improved through timely submission of reports and improved monitoring of the clinic level.

**Project Director:**  
Mostofa Qumrul Hassan

**Contact Information:**  
Upazila- Gangni, P.O. Gangni,  
Meherpur,  
Post code-7110.  
Telephone: 07922-75875, 07922-75046

Total Staff: <b>127</b>	Total CSP: <b>94</b>	
Static Clinics: <b>6</b>	Urban: <b>3</b>	
Satellite: <b>208</b>	Rural: <b>3</b>	
	Year 1	Year 5
Total service contacts	<b>369,260</b>	<b>639,920</b>
Percent of poor clients	<b>24.9%</b>	<b>34.0 %</b>
Cost recovery rate	<b>33.5%</b>	<b>28.1%</b>
Couple-years of protection	<b>16,581</b>	<b>24,873</b>
ANC visits by skilled provider	<b>25,312</b>	<b>26,622</b>
Deliveries by skilled birth attendant	<b>911</b>	<b>741</b>
PNC visits within 3 days of birth	<b>3,734</b>	<b>7,121</b>
Children <5 years receiving Vitamin-A	<b>2,215</b>	<b>5,057</b>

## Population Services and Training Center (PSTC)

PSTC was established in 1978 improve the health, social security, and physical living condition of the poor and socially disadvantaged in Bangladesh. PSTC was formed by the Ministry of Health and Family Welfare to act as a bridge between the government, donors, and local NGOs working in the family planning and maternal and child health fields. PTSC is as resource to other NGOs at the local level for grants management and technical assistance. It provides training and capacity building on project management, staff development, logistic procurement and management, and community development. In the past 34 years, 82 NGOs have been established throughout the country with the aid of PSTC. Currently, the organization implements 33 projects in health service delivery, environmental health, child and youth development, governance, poverty reduction and livelihoods, training and communications, disaster preparation, and management. Since August 1997, PSTC has been offering essential services to the underserved population in the Dhaka City Corporation and other municipalities.

### DISTRICTS SERVED

Dhaka, Brahmanbaria, Kishoregonj, Narsinghdi, Narayanganj.

### SERVICES

- All of the clinics provide ANC, PNC, IUDs, lab, IMCI, RTI/STI, and vaccination/EPI services.
- 17 clinics offer implant services
- 13 clinics have TB (DOTS) testing facilities.
- Four clinics have non-scalpel vasectomy and tubectomy.
- Four clinics offer emergency obstetric care.
- Three clinics have home deliveries, pharmacy, and ultrasonogram services.

### AWARDS/SPECIAL RECOGNITION

Kathalagan Smiling Sun Clinic received the GAVI award for best performance of EPI service and the Shekh Fazlul Haque Moni award in 2010. The Manohardi Smiling Sun clinic received the Best Clinic Performance Award on World Population Day in 2009 for its outstanding performance in population control. The Aftabnagor Smiling Sun clinic achieved NSDP's Best Clinic Award of 2006.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 83.

*Overall management:* High turnover in key positions (project director, finance and administrative manager) has been a challenge. PSTC should focus on retaining qualified staff.

*Financial management:* Accuracy and timeliness of reporting should be a focus for PSTC along with proper recordkeeping and safeguarding documents.

*Monitoring and results:* Having trained staff at the NGO level will improve the performance of the MIS. The MIS officer has a good knowledge of the system but is limited in his ability to monitor clinics due to high staff turnover.

*Organizational development:* PSTC is one of the 10 the high-performing NGOs selected to receive targeted capacity building support. Their human resources manual is in final draft form and pending approval from their Executive Committee.

**Project Director:**  
Rashed Reza Chowdhury

**Contact Information:**  
103, New Circular Road, Dhaka-1217  
Telephone: 9334420, 8322459, 01199871844, 9334496, 8322569, 8319334 (Traning)

Total Staff: <b>295</b>	Total CSP: <b>158</b>	
Static Clinics: <b>23</b>	Urban: <b>20</b>	
Satellite: <b>373</b>	Rural: <b>3</b>	
	Year 1	Year 5
Total service contacts	<b>1,012,177</b>	<b>1,145,208</b>
Percent of poor clients	<b>20.4%</b>	<b>29.0 %</b>
Cost recovery rate	<b>17.6%</b>	<b>42.4%</b>
Couple-years of protection	<b>28,104</b>	<b>44,907</b>
ANC visits by skilled provider	<b>44,661</b>	<b>44,408</b>
Deliveries by skilled birth attendant	<b>503</b>	<b>846</b>
PNC visits within 3 days of birth	<b>10,135</b>	<b>10,270</b>
Children <5 years receiving Vitamin-A	<b>14,771</b>	<b>10,539</b>

## Southern Gono Unnayan Samity (SGS)

SGS's main goal is to ensure fundamental rights such as food, clothing, housing, education, general medical treatment, human rights, cultural rights, social justice, and rights to information so that people can live happier, healthier, and more prosperous lives. SGS takes a holistic approach to development and has a special focus on community health, nutrition, disaster relief, agriculture, and governance. SGS has implemented projects such as the USAID's Female Education Scholarship Program; the Community Based Family Planning Program and Adolescent Family Life Education; the government of Bangladesh/World Bank National Nutrition Project; CARE Bangladesh's Disaster Management Project; and the Asian Development Bank's Urban Primary Health Care Project.

SGS currently implements USAID/SSFP as well as the Good Governance for Agricultural Development Project, funded by Manesher Jonno Foundation; and UNICEF's Maternal, Neonatal and Child Survival Project.

### DISTRICT SERVED

Gopalgong and Bagerhat districts.

### SERVICES

- All clinics offer ANC, PNC, CDD, ARI, vaccination/EPI, IMCI, family planning, IUD, tubectomy, non-scalpel vasectomy, lab, STI/RTI, and limited care services.
- Two clinics provide home delivery services.
- All four clinics provide lab services.

### AWARDS/SPECIAL RECONITION

SGS stood first on family planning services and was awarded from the government of Bangladesh in 2011 in Gopalgong District. The Bagerhat District was selected by the government to receive the population award in 2012 for family planning services.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 58.

*Financial management:* Financial management needs strengthening and requires close monitoring. Through regular annual audits over a three year period, auditors have similar findings of questioned costs for procurement and travel.

*Monitoring and results:* MIS performance of the needs improvement. The clinic staff has a good knowledge of the system and is proficient in data entry. Monitoring at the NGO level needs to be increased.

**Project Director:**  
Abul Kalam Azad

**Contact Information:**  
320, Natun School Road,  
Mohammad Para, Gopalgongj  
Telephone: 0668-61422

Total Staff: <b>66</b>	Total CSP: <b>179</b>	
Static Clinics: <b>4</b>	Urban: <b>0</b>	
Satellite: <b>174</b>	Rural: <b>4</b>	
	Year 1	Year 5
Total service contacts	<b>489,125</b>	<b>647,110</b>
Percent of poor clients	<b>38.6%</b>	<b>35.7%</b>
Cost recovery rate	<b>19.1%</b>	<b>19.9%</b>
Couple-years of protection	<b>17,057</b>	<b>27,026</b>
ANC visits by skilled provider	<b>16,341</b>	<b>28,409</b>
Deliveries by skilled birth attendant	<b>54</b>	<b>99</b>
PNC visits within 3 days of birth	<b>4,579</b>	<b>9,648</b>
Children <5 years receiving Vitamin-A	<b>3,881</b>	<b>2,808</b>

## Shimantik

Shimantik was established in 1979 to provide assistance to the flood-stricken people of Zakiganj and Kanaighat *upazilas* in Sylhet. It later expanded to include a wide range of service areas: informal education, preventive health care, reproductive health and newborn care, environmental development, women's development, teacher's training, income generation, and disaster management.

Shimantik provides ESD services through collaboration with SSFP to underserved people. Shimantik has also opened 11 primary health care and two comprehensive reproductive health care centers in Dhaka and Sylhet City corporation through UPHCP. It established a health facility Shimantik Projahnmo Clinic at Tongipara of Gopalganj District. Shimantik has also invested in developing community members' skills by opening educational and health service training centers and schools in Sylhet.

During the last 10 years Shimantik has received support from USAID, ADB, SIDA, UNFPA, DFID, Johns Hopkins University, Save the Children/MCGIP, Jhpiego, Campaign for Tobacco Free Kids, ICDDRR'B, Orbis International, GFATM, Bill and Melinda Gates Foundation, Savings Newborn Life, National Institute of Health, ESD/Pathfinder International, UNICEF, Columbia University-USA, WHO, and BRAC.

### DISTRICTS SERVED

Sylhet, Hobiganj, Moulvibazar, Sunamganj, Gopalganj, and Dhaka.

### SERVICES

- All the clinics offer safe delivery, home delivery, ANC, PNC, pills, condoms, IUD, implant, IMCI, non-scalpel vasectomy, tubectomy, TB (DOTS), malaria treatment.
- HIV/AIDS/RTI/STI, eye care, and vaccination/EPI services.

### AWARDS/SPECIAL RECOGNITION

Shimantik received the Prime Minister's awards for the best NGO in Sylhet division in 2000, 2009, 2010, and 2011 for its remarkable service to mother and child health and family planning.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 58.

*Financial management:* Satisfactory.

*Monitoring and results:* MIS performance is good. The PD has worked well to establish the system and has a strong knowledge of the system. The project director, finance and administrative manager, and MIS officer work well as a proficient team to oversee and monitor the clinics.

*Organizational development:* Shimantik is one of the 10 high-performing NGOs selected to receive targeted capacity building support and is one of twelve NGOs with a completed human resources manual.

### Project Director:

Mr. Abdur Rahim

### Contact Information:

Shimantik Bhavan, P.O. Isamoti-3191, Kaligonj Bazar, Upazila-Zakiganj, Sylhet-3191  
Telephone: 01199-313940

Total Staff: <b>80</b>	Total CSP: <b>269</b>	
Static Clinics: <b>6</b>	Urban: <b>0</b>	
Satellite: <b>324</b>	Rural: <b>6</b>	
	Year 1	Year 5
Total service contacts	<b>643,895</b>	<b>778,139</b>
Percent of poor clients	<b>38.6%</b>	<b>36.9%</b>
Cost recovery rate	<b>21.7%</b>	<b>24.8%</b>
Couple-years of protection	<b>17,734</b>	<b>19,377</b>
ANC visits by skilled provider	<b>11,883</b>	<b>21,479</b>
Deliveries by skilled birth attendant	<b>199</b>	<b>745</b>
PNC visits within 3 days of birth	<b>2,690</b>	<b>7,990</b>
Children <5 years receiving Vitamin-A	<b>8,151</b>	<b>9,493</b>

## Society for Project Implementation Research Evaluation & Training (SOPIRET)

SOPIRET, a multi-component, rural-based NGO, was established in 1985. SOPRIET aims to contribute to the development process in Bangladesh to achieve the Millennium Development Goals. It has been implementing a number of development programs, including essential service package with special emphasis on reproductive health, education, microfinance, skill set training, and disaster management programs.

From September 1997 to 2007, SOPIRET provided clinic-based essential health services through USAID funded RSDP and NDSP. SOPIRET continued to provide these services through SSFP from 2007. The static and satellite clinics offer direct services to its customers.

SOPIRET is registered with the NGO Bureau, Department of Social Welfare, Department of Health and Family Planning and Micro Credit Regulatory Authority of the Government of Bangladesh.

### DISTRICTS SERVED

Lakshmipur, Chandpur, and Comilla.

### SERVICES

- All clinics provide ANC, PNC, IUD, IMCI, RTI/STI, and vaccination/EPI services.
- Six clinics offer home delivery services.
- One clinic offer emergency obstetric care.
- One clinic has a pharmacy.
- One clinic has ultrasonogram facilities.

### AWARDS/SPECIAL RECOGNITION

Unique performance of SOPIRET Kachua Clinic achieved the Deputy Commissioner Award in 2007 in Chandpur District in the field of mother and child health care and family planning.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is not available.

*Financial management:* Satisfactory.

*Monitoring and results:* MIS performance is good. The project director, finance and administrative manager, and MIS officer work as an efficient team to oversee the system.

*Organizational development:* SOPRIET is one of twelve NGOs with a completed human resources manual.

### Project Director:

Wakrul Haque Nazvi

### Contact Information:

Shikh Rasel Sarak, Shamserabad, Lakshmipur

Telephone: 0381-6114,  
01711883294

Total Staff: <b>145</b>	Total CSP: <b>334</b>
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Static Clinics: <b>10</b>	Urban: <b>1</b>
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Satellite: <b>384</b>	Rural: <b>9</b>
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	Year 1	Year 5
Total service contacts	<b>697,543</b>	<b>907,929</b>
Percent of poor clients	<b>15.7%</b>	<b>28.7%</b>
Cost recovery rate	<b>20.8%</b>	<b>27.0 %</b>
Couple-years of protection	<b>35,208</b>	<b>46,999</b>
ANC visits by skilled provider	<b>21,633</b>	<b>27,481</b>
Deliveries by skilled birth attendant	<b>20</b>	<b>88</b>
PNC visits within 3 days of birth	<b>4,273</b>	<b>8,611</b>
Children <5 years receiving Vitamin-A	<b>8,606</b>	<b>6,794</b>

## Sylhet Samaj Kalyan Sangstha (SSKS)

SSKS is a nonprofit organization established in 1989 to provide service to the most needy in Bangladesh. Primarily, SSKS has worked to make quality public health services affordable and accessible to the poorest of the poor. It has worked on projects such as the Chevron Health Project in Moulvi Bazar and Hobigonj districts with the financial support of Chevron Bangladesh. SSKS became a partner of the SSFP in 2007 to provide essential health and family planning services.

Additionally SSKS also reaches out to people in need of medical care through the use of a “clinic on wheels” funded by Grameenphone Ltd. The NGO has been involved in other community development projects such as the Environment, Sanitation, Hygiene and Education Awareness project. It was funded by LIFE-UNDP to improve the environmental condition of Sylhet. SSKS received support from BRAC for the Non-Formal Primary Education Project in Sylhet. SSKS has also implemented a Health Rights Project in Sylhet funded by PSTC, Manusher Jonno Foundation and DFID. Furthermore, SSKS has conducted community based awareness program to prevent HIV, AIDS and other STDs. SSKS is affiliated with the NGO Affairs Bureau, Family Planning Department and Social Welfare of Ministry Social Service.

### DISTRICTS SERVED

Sylhet, Hobigonj, Sunamgonj and Moulvibazar.

### SERVICES

- All clinics offer ANC, PNC, implant, IMCI, RTI/STI, and vaccination/EPI services.
- Twelve clinics have IUD services.
- Eight clinics provide non-scalpel vasectomy, TB (DOTS) and lab services.
- Three clinics have home delivery, ultrasonogram, and pharmacy services.
- One clinic offer emergency obstetric care.

### AWARDS/SPECIAL RECOGNITION

SSKS was awarded the best NGO in Sylhet Division by the Ministry of Health and Family Welfare in 2004 and 2007 to 2011 for making a significant contribution in health and family planning in Bangladesh. It also received the Prime Minister’s award as the best NGO for service in health and family planning for the years 2004, 2007, and 2008.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 53.

*Financial management:* SSKS financial management capacity and accuracy of reporting should be increased; specifically the capacity of the finance and administrative manager. SSKS has not addressed audit findings adequately or in a timely fashion.

*Monitoring and results:* MIS performance is average. The majority of clinic staff is proficient in data entry and has good knowledge of the system. Improved knowledge of the system of the finance and administrative manager and project director at the NGO level will help to improve the overall system as well as increased monitoring.

**Project Director:**  
Mahfuzur Rahman Babul

**Contact Information:**  
35, Trongo, Mujumdari, Airport Road, Sylhet  
Telephone: 0821-725207 ( HQ), 721307, 813678, 01718034370, 0821-725207

Total Staff: <b>201</b>	Total CSP: <b>59</b>	
Static Clinics: <b>15</b>	Urban: <b>12</b>	
Satellite: <b>101</b>	Rural: <b>3</b>	
	Year 1	Year 5
Total service contacts	<b>346,018</b>	<b>588,022</b>
Percent of poor clients	<b>49.2%</b>	<b>40.1%</b>
Cost recovery rate	<b>26.1%</b>	<b>43.1%</b>
Couple-years of protection	<b>7,782</b>	<b>9,525</b>
ANC visits by skilled provider	<b>21,944</b>	<b>33,301</b>
Deliveries by skilled birth attendant	<b>521</b>	<b>886</b>
PNC visits within 3 days of birth	<b>2,458</b>	<b>8,702</b>
Children <5 years receiving Vitamin-A	<b>3,700</b>	<b>2,414</b>

## Samaj Unnayan-o-Poribar Porikalpona Sangstha (SUPPS)

SUPPS was established in 1983 with the aim to improve family health and expand quality, affordable and medical services to the poorest of the poor in a sustainable way. It works to increase the use of high-impact elements of the essential service package among target populations. From 1997, the SUPPS began its services for RSDP and NSDP programs with the financial support of USAID. SUPPS began working with the SSFP in 2007 with support from USAID to provide affordable and quality health services to people in Bangladesh.

SUPPS is also involved with Sylhet Jubo Academy to create awareness for sex workers about HIV/AIDS, reduce stigma against HIV/AIDS infected patients and promote safer sex through use of condoms.

### DISTRICTS SERVED

Maulvibazar district.

### SERVICES

- Home delivery services, ANC, PNC, IUD, lab, IMCI, RTI/STI, CDD, vaccination/EPI, and family planning services.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 73.

*Financial management:* Overall financial management capacity is satisfactory.

*Monitoring and results:* MIS performance needs improvement. After four trainings of the system for the project director, knowledge still needs improved. Knowledge of the system at the clinic level is satisfactory.

**Project Director:**  
Sayeda Fahmida Parvin

**Contact Information:**  
Ibrahimpur Road (Court Road),  
P.O. Sreemangal- 3210,  
Moulvibazar  
Telephone: 08626-71451,  
01712231877

Total Staff: <b>19</b>	Total CSP: <b>44</b>	
Static Clinics: <b>1</b>	Urban: <b>0</b>	
Satellite: <b>41</b>	Rural: <b>1</b>	
	Year 1	Year 5
Total service contacts	<b>117,185</b>	<b>134,306</b>
Percent of poor clients	<b>57.6%</b>	<b>55.9%</b>
Cost recovery rate	<b>14.4%</b>	<b>15.7%</b>
Couple-years of protection	<b>2,247</b>	<b>2,033</b>
ANC visits by skilled provider	<b>3,640</b>	<b>4,312</b>
Deliveries by skilled birth attendant	<b>8</b>	<b>8</b>
PNC visits within 3 days of birth	<b>468</b>	<b>600</b>
Children <5 years receiving Vitamin-A	<b>2,008</b>	<b>557</b>

## Samannita Unnayan Sangstha (SUS)

SUS has been working in the health and family planning sector with support from USAID since 1996. SUS is committed to addressing the problems and prospects of underprivileged people of Bangladesh. It focuses on developing family health, including maternal and child health services in rural and urban communities. SUS is also works to support gender equality, create more employment opportunities, and promote participatory community development initiatives in its network.

SUS implemented the activities of RSDP and NDSP from September 1997 to September 2007 under National Integrated Population and Health Program (NIPHP) with the technical assistance of Pathfinder International. SUS has been providing the essential service package services through SSFP since October 2007. Almost all clinics are located in hard-to-reach remote areas.

### DISTRICTS SERVED

Chittagong district.

### SERVICES

- All clinics offer ANC, PNC, family planning, IMCI, RTI/STI, and vaccination/EPI services.
- Four clinics have implant services.
- One clinic provides home delivery services.
- One clinic provides lab services.

### AWARDS/SPECIAL RECOGNITION

SUS Rangunia and Raozan clinics of Chittagong district achieved best NGO award in 2010 and 2011 in the field of maternal and child health care, and family planning for its outstanding performance.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is not available.

*Financial management:* SUS's financial management should be strengthened and should be closely monitored. Procurement procedures and internal controls require improvement.

*Monitoring and results:* NGO and clinic staff's MIS knowledge is satisfactory. MIS monitoring needs to be improved and increased.

**Project Director:**  
Shamima-E-Jannat

**Contact Information:**  
House # 172, Road # 08, Block # B, Chandgaon Residential Area, Chittagong  
Telephone: 031-2571626, 01711304538,

Total Staff: <b>81</b>	Total CSP: <b>220</b>	
Static Clinics: <b>6</b>	Urban: <b>1</b>	
Satellite: <b>221</b>	Rural: <b>5</b>	
	Year 1	Year 5
Total service contacts	<b>466,162</b>	<b>436,882</b>
Percent of poor clients	<b>36.2%</b>	<b>36.1%</b>
Cost recovery rate	<b>21.4%</b>	<b>24.6%</b>
Couple-years of protection	<b>24,782</b>	<b>26,024</b>
ANC visits by skilled provider	<b>26,162</b>	<b>23,236</b>
Deliveries by skilled birth attendant	<b>32</b>	<b>28</b>
PNC visits within 3 days of birth	<b>7,649</b>	<b>5,792</b>
Children <5 years receiving Vitamin-A	<b>6,803</b>	<b>4,634</b>

## Swanirvar Bangladesh

Swanirvar Bangladesh was established in 1975 to organize rural communities, develop leadership, and help rural poor to become self-reliant. It is one of the oldest and largest development NGO in Bangladesh. Swannirvar started its health and family planning activities in 10 upazilas under the USAID-funded Family Planning Services Project. Swanirvar implemented the Community Based Distribution program that distributed family planning commodities as part of FPSP from 1987-1997. It then worked with RSDP and NSDP from 1997 to 2007. Swanirvar has partnered with SSFP since 2007 to provide the essential service package. It covers an area with a population of roughly three million people. Swanirvar plans to further improve its performance and ensure quality service, emphasizing behavioral change communication activities to create demand and popularize the services of clinic.

### DISTRICTS SERVED

Dhaka, Gazipur, Manikganj, Kishoreganj, Tangail, Jamalpur, Panchbibi, Joypurhat, Comilla, Feni, and Bhola.

### SERVICES

- All of the clinics provide ANC, PNC, IUDs, IMCI, RTI/STI, and vaccination/EPI services.
- Thirty clinics have comprehensive lab services.
- Nine clinics offer implant, non-scalpel vasectomy and tubectomy services.
- Seven clinics have TB (DOTS) testing facilities.
- Seven clinics have home delivery services.
- Three clinics have a pharmacy.
- Three clinics offer emergency obstetric care.
- Two clinics have ultrasonogram services.

### AWARDS/SPECIAL RECOGNITION

Nine clinics of Swanirvar received a World Population Day Award in 2011 as recognition of their outstanding performance in health and family planning services. Lalmohan Smiling Sun Clinic of Bhola in Barisal division received this award at the national level. The same clinic also received the national award as best performer of Barisal division in 2007, 2009 and 2010. In 2009 and 2010, Rafiqul Islam from Swanirvar was awarded as the Best Project Director.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 85.

*Financial management:* Overall financial management capacity is satisfactory; however, Swanirvar regularly exceeds budget. Swanirvar should improve budget management and monitoring skills. Due to the large number clinics under its management, Swanirvar should strengthen and increase clinic level monitoring.

*Monitoring and results:* Performance is average. The large number of clinics is challenging for the MIS officers to adequately monitor. Clinic performance varies with some clinics doing very well and others who are in need of improvement.

*Organizational development:* Swanirvar is one of the 10 high-performing NGOs selected to receive targeted capacity building support and is one of twelve NGOs with a completed human resources manual.

### Project Director:

Mr. Rafiqul Islam

### Contact Information:

House # 5/11, Block-D, Lalmatia, Dhaka-1207  
Telephone: 02-8125140, 9116808, 0171-1431315  
FAX: 880-2-8154203

Total Staff: <b>796</b>	Total CSP: <b>1,626</b>
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Static Clinics: <b>52</b>	Urban: <b>12</b>
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Satellite: <b>1,768</b>	Rural: <b>40</b>
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	Year 1	Year 5
Total service contacts	<b>7,014,893</b>	<b>9,148,480</b>
Percent of poor clients	<b>22.8%</b>	<b>32.9%</b>
Cost recovery rate	<b>29.9%</b>	<b>36.2%</b>
Couple-years of protection	<b>321,665</b>	<b>416,064</b>
ANC visits by skilled provider	<b>152,621</b>	<b>174,771</b>
Deliveries by skilled birth attendant	<b>286</b>	<b>874</b>
PNC visits within 3 days of birth	<b>48,903</b>	<b>76,562</b>
Children <5 years receiving Vitamin-A	<b>32,830</b>	<b>28,394</b>

## Tilottama Voluntary Women's Organisation

Tilottama Voluntary Women's Organization was established in 1978 with the intention to develop the community by empowering women. The organization has undertaken various programs including health and family planning, mass education, and income generating activities. Tilottama has been providing health and family planning services since 1997 with support from Bangladesh Government, USAID, UFHF, and NSDP. In 2003, the Naodapara Smiling Sun clinic started providing emergency obstetric care.

In October 2007, Tilottama became a partner of the SSFP to continue offering the essential services. Tilottama began implementing the national TB control program in Rajshahi City Corporation since May 2006, with the technical support from BRAC and financial assistance from the Global Fund for AIDS Tuberculosis and Malaria. In 2010, the Chapai-Nawabganj and Naogaon clinics started providing safe delivery services.

Tilottama has also been involved with developing mass education for underprivileged children. It has a primary school, free of cost for street children in Sheroil, Rajshahi City. In January 2011, Tilottama initiated the Urban Partnerships for Poverty Reduction Project (UPPRP) in Naogaon district in association with UNICEF's Poverty Reduction Project. This income generating project distributes Yellow Health Benefit Cards to able-to-pay families along with Blue Health Benefit Cards to poorest of the poor families free of cost.

### DISTRICTS SERVED

Rajshahi, Bogra, Naogaon, Chapi-Nawabganj, Natore, Sirajgonj and Pabna.

### SERVICES

- All clinics offer ANC, PNC, IUD, IMCI, RTI/STI, and vaccination/EPI services.
- Eleven clinics have implant services.
- Five clinics provide TB (DOTS) facilities.
- Three clinics offer emergency obstetric care, ultrasonogram, and lab services.
- Two clinics have non-scalpel vasectomy services.
- One clinic has tubectomy services.
- Three clinics have pharmacy services.

### AWARDS/SPECIAL RECOGNITION

Tilottama received the National Award in 1991 for commendable services in the field of family planning. The organization has received the award several times for its successful EPI program.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 94.

*Financial management:* Satisfactory.

*Monitoring and results:* MIS performance is good. Knowledge of the system at the NGO and clinic level is satisfactory. The MIS officer is most improved; at the start of the system, she had little computer skills and knowledge. After training and mentoring, she is now proficient in the system and effectively monitoring all clinics. The project director has also been supporting the roll-out of the system.

### Project Director:

Ms. Murshida Morshed

### Contact Information:

Uttar Naodapara, Bypass Road,  
Rajshahi  
Telephone: 0721-762180, 0171-1825738

Total Staff: <b>151</b>	Total CSP: <b>25</b>	
Static Clinics: <b>14</b>	Urban: <b>14</b>	
Satellite: <b>140</b>	Rural: <b>0</b>	
	Year 1	Year 5
Total service contacts	<b>495,441</b>	<b>618,772</b>
Percent of poor clients	<b>26.2%</b>	<b>30.3%</b>
Cost recovery rate	<b>27.0 %</b>	<b>31.6%</b>
Couple-years of protection	<b>27,850</b>	<b>36,615</b>
ANC visits by skilled provider	<b>34,612</b>	<b>38,608</b>
Deliveries by skilled birth attendant	<b>779</b>	<b>1,412</b>
PNC visits within 3 days of birth	<b>11,424</b>	<b>14,384</b>
Children <5 years receiving Vitamin-A	<b>6,608</b>	<b>4,549</b>

## Unnato Paribar Gathan Mohila Sangstha (UPGMS)

UPGMS, established in 1978, is run by the women of Bangladesh to support, promote and protect the interests of Bangladeshi women. It provides quality health and family planning services, creates economic opportunities, empowers under-privileged youth of urban and rural populations, and develops human resources for a positive social change. UPGMS implemented the Community Based Distribution Program from 1981 to 1997 with technical assistance from USAID and Pathfinder International.

Since October 2007, UPGMS has been providing the essential services package in collaboration with SSFP. There has been a significant increase in the number of customers and service contacts in the two ultra clinics and four vital clinics.

UPGMS has also been a partner of corporate and non-corporate organizations to provide health care services. From 1996 to 1997, UPGMS worked with the Population Council of Bangladesh for an Adolescent Reproductive Health Project offered health care services to eighth to tenth grade students. UPGMS was also involved with several HIV/AIDS awareness and support programs from 2002 to 2006 through by CARE/DFID and Light House.

### DISTRICTS SERVED

Rangpur, Kurigram, and Lalmonirhat.

### SERVICES

- All clinics offer ANC, PNC, IUD, IMCI, RTI/STI, and vaccination/EPI services.
- Four clinics provide home delivery services.
- Five clinics providing lab testing facilities.
- Three clinics have implant services.
- Two clinics offer emergency obstetric care and ultrasonogram services.
- Two clinics have pharmacies.
- Two clinics have non-scalpel vasectomy and tubectomy services.

### AWARDS/SPECIAL RECOGNITION

As part of SSFP's public private partnership efforts, UPGMS partnered with British American Tobacco Bangladesh to provide primary health care services to clients of BATB from 2009 to 2010.

The Project Director of Smiling Sun Clinic of UPGMS-Rangpur received the fourth position in the category of the Best Project Director from Smiling Sun Franchise Program in 2010.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 84.

*Financial management:* Satisfactory.

*Monitoring and results:* MIS performance is good across all six clinics. Though the MIS officer position has been vacant for some time, the finance and administrative manager has taken responsibility and supported the MIS through clinic level monitoring and oversight.

### Project Director:

Ms. Monowara Sultana

### Contact Information:

House # 309/1, Road # 01,  
Mullatole Bazar, Rangpur  
Telephone: 0521-65973, 0171-  
2518658 (M)

Total Staff: <b>113</b>	Total CSP: <b>72</b>	
Static Clinics: <b>6</b>	Urban: <b>6</b>	
Satellite: <b>194</b>	Rural: <b>0</b>	
	Year 1	Year 5
Total service contacts	<b>238,546</b>	<b>347,313</b>
Percent of poor clients	<b>42.8%</b>	<b>35.3%</b>
Cost recovery rate	<b>37.3%</b>	<b>37.5%</b>
Couple-years of protection	<b>11,839</b>	<b>16,791</b>
ANC visits by skilled provider	<b>20,023</b>	<b>23,970</b>
Deliveries by skilled birth attendant	<b>867</b>	<b>1,189</b>
PNC visits within 3 days of birth	<b>4,233</b>	<b>6,038</b>
Children <5 years receiving Vitamin-A	<b>2,401</b>	<b>276</b>

## Voluntary Family Welfare Association (VFWA)

VFWA is an NGO established in 1981, with the vision to improve family health condition, education, and socioeconomic positions of disadvantaged people in Bangladesh. After the successful partnership with NSDP, VFWA collaborated with SSFP in 2007 to continue providing the essential services packages in its multiple static and satellite clinics.

VFWA is committed to provide affordable health and family planning services to the underserved populations. About 27 percent of the service is given to a low income population. There has also been a significant rise in the number of customers and service contacts to VFWA clinics since SSFP began. The organization is affiliated with the Social Welfare, NGO Affairs Bureau and Family Planning Adhaptar.

### DISTRICTS SERVED

Faridpur, Gopalgong, Madaripur, Rajbari, and Shariatpur.

### SERVICES

- All clinics offer ANC, PNC, IUD, IMCI, RTI/STI, and vaccination/EPI services.
- Seven clinics provide implant services.
- Six clinics have lab facilities.
- Four clinics have non-scalpel vasectomy services.
- One clinic offers tubectomy services.
- Three clinics offer home delivery services.
- One clinic has a pharmacy and ultrasonogram services.

### AWARDS/SPECIAL RECOGNITION

The Smiling Sun clinic in Rajbari was awarded the National Population Award in 2011 and 2012.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 51.

*Financial management:* Satisfactory.

*Monitoring and results:* MIS performance is average. Clinic level knowledge and data entry is good. The MIS officer's knowledge of the system and monitoring need improvement.

*Organizational development:* VFWA is one of twelve NGOs with a completed human resources manual.

**Project Director:**  
Ms. Momtaz Begum

**Contact Information:**  
Alipur (Side of Graveyard),  
Faridpur  
Telephone: 0631-63314, 0171-  
6299580, 01712-220160

Total Staff: <b>105</b>	Total CSP: <b>150</b>	
Static Clinics: <b>8</b>	Urban: <b>5</b>	
Satellite: <b>318</b>	Rural: <b>3</b>	
	Year 1	Year 5
Total service contacts	<b>575,800</b>	<b>597,652</b>
Percent of poor clients	<b>16.0 %</b>	<b>27.4%</b>
Cost recovery rate	<b>24.9%</b>	<b>20.9%</b>
Couple-years of protection	<b>35,902</b>	<b>33,722</b>
ANC visits by skilled provider	<b>21,116</b>	<b>23,990</b>
Deliveries by skilled birth attendant	<b>109</b>	<b>170</b>
PNC visits within 3 days of birth	<b>5,466</b>	<b>6,397</b>
Children <5 years receiving Vitamin-A	<b>7,937</b>	<b>5,755</b>

## Voluntary Paribar Kallyan Association (VPKA)

VPKA was established in 1981 to promote socioeconomic status of the uprooted and under privileged people in Bangladesh by providing income generating, quality education, disability development, and health service programs. VPKA has been involved with USAID since 1982 to offer general health and family planning services.

The organization has worked on several social venture projects in Rajbari districts. Since 1990, it partnered with Palli Karma Sahayak Foundation to work on a Micro Finance Program to support income generation for low income people. In addition, VPKA offers interest-free loans for education and rehabilitation through a Disabled Development and Rehabilitation Project since 2002. Recently, since 2011, the organization has been working to provide quality education through a Non-Formal Primary School Education Program. It also conducts housing, tobacco control, village court, and private sector partnership projects.

### DISTRICTS SERVED

Rajbari, Kushtia, and Shariatpur.

### SERVICES

- All clinics offer ANC, PNC, IUD, IMCI, RTI/STI, and vaccination/EPI services.
- Five clinics provide home delivery services.
- Four clinics have lab services.

### AWARDS/SPECIAL RECOGNITION

The organization received the 2011 Population Award at district level in Kushtia from the government.

### ADDITIONAL NOTES

*Clinical quality management:* The 8<sup>th</sup> round QMS score is 42.

*Financial management:* Satisfactory.

*Monitoring and results:* MIS performance needs improvement. Clinic level knowledge is progressing but NGO communication needs improved, specifically instructions from SSFP to the clinics need to be delivered. Monitoring of the clinic level should be strengthened.

*Organizational development:* VPKA was selected as one of the 10 high-performing NGOs to receive targeted capacity building efforts. It is one of twelve NGOs with a completed human resources manual.

### Project Director:

Mr. Jahangir Hossain

### Contact Information:

South Bhabanipur, Rajbari-7700  
Telephone: 0641-65001, 65579,  
01711-261289

Total Staff: <b>109</b>	Total CSP: <b>296</b>	
Static Clinics: <b>7</b>	Urban: <b>0</b>	
Satellite: <b>294</b>	Rural: <b>7</b>	
	Year 1	Year 5
Total service contacts	<b>862,524</b>	<b>994,022</b>
Percent of poor clients	<b>28.1%</b>	<b>28.8%</b>
Cost recovery rate	<b>26.3%</b>	<b>29.0 %</b>
Couple-years of protection	<b>52,797</b>	<b>47,927</b>
ANC visits by skilled provider	<b>14,873</b>	<b>19,421</b>
Deliveries by skilled birth attendant	<b>143</b>	<b>100</b>
PNC visits within 3 days of birth	<b>3,262</b>	<b>6,126</b>
Children <5 years receiving Vitamin-A	<b>4,188</b>	<b>10,092</b>



## ANNEX C: PROJECT MANAGEMENT PLAN

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6, Q1		
			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	0.38	0.40	
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		0	0
												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	0.8	.73	
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	0	0	
OP6	Number of new approaches successfully introduced through USG-supported programs	0	1	5	9	5	8	5	2	2	2	1	0	0	
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	15,475	15,475	
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	0.95	0	

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6, Q1			
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved		
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	N/A	6		
OP10	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	100	101	900	101	419	359	876	824	566	662		16	0	
												132 M	53 0 F			
<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	10,077	15,454		
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	0.31	0.29		
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		16	19	
												10 M	44 F		0 M	19 F
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	6,100	6,868		
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		0	0	
												17 M	126 F			
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	4,113	4,869		

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6, Q1	
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
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	12,800	13,516
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	36,972	34,749
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	84,261	77,920
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)	N/A	N/A
										315,948 (w/o NID)	331,745 (w/o NID)	204,477 (w/o NID)	258	20,342
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	0.61	0.61
OP23	Number of health facilities rehabilitated	0	25	26	160	115	202	187	14	15	12	68	2	2
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>7</sup>	7.733	8.435	2.06	2.09

<sup>7</sup> The decline in the Y4 achievement is due to the calculation of service contacts rather than the catchment area

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6, Q1		
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	
OP27	Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	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	57	55	
OP29	Number of people trained in DOTS with USG funding	44	17	17	100	111	62	74	47	40	15	80	0	2	
												41 M	39 F	2 M	0 F
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	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%	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>8</sup>	42%	35%	
OP33	Percent of poor service contacts	26%	27%	27%	28%	26%	29%	31%	30%	31%	31%	32.97%	33%	33%	
<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	327	327	
		8,516	8,666	8,508	8,516	8,545	8,516	8,670	8,516	8,702	8,700	8,817	8,836	8,838	

<sup>8</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		Year 6, Q1	
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
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)	N/A	N/A
										32,726,121 (w/o NID)	34,362,427 (w/o NID)	33,641,493 (w/o NID)	8,132,230 (w/o NID)	8,264,730 (w/o 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	981	981
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>9</sup>	TBD*	N/A	N/A
<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	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	0	0
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	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	2	2

<sup>9</sup> 6.9 is the initial projection for Y5 to be revised at the mid-point if necessary



## ANNEX D: FINANCIAL REPORT

### Spending by Program Element

Line Item	Life of Project			Current Cumulative Total
	Program Element 1: TB	Program Element 2: MCH	Program Element 3: POP	
Salaries	\$299,643	\$1,471,299	\$1,219,504	\$2,990,446
Fringe	\$199,877	\$981,430	\$813,470	\$1,994,776
Overhead	\$254,213	\$1,248,234	\$1,034,613	\$2,537,061
Travel and Transportation	\$53,294	\$261,682	\$216,899	\$531,875
Allowances	\$100,431	\$493,135	\$408,741	\$1,002,307
Other Direct Costs	\$124,069	\$609,201	\$504,943	\$1,238,213
Equipment	\$27,175	\$133,436	\$110,600	\$271,211
Training	\$29,296	\$143,850	\$119,232	\$292,379
Subcontracts	\$209,684	\$1,029,586	\$853,384	\$2,092,654
Franchise Development Fund**	\$4,041,635	\$19,845,155	\$16,448,891	\$40,335,681
General & Administrative	\$238,689	\$1,172,004	\$971,429	\$2,382,121
Fee	\$137,914	\$677,180	\$561,289	\$1,376,383
<b>Total</b>	<b>\$5,715,920</b>	<b>\$28,066,192</b>	<b>\$23,262,994</b>	<b>\$57,045,107</b>

NOTE: Spending as of February 28, 2013.  
Grant funds are paid via Letter of Credit established through DHHS.

## Spending by Line Item

	Year 1 2007-2008	Year 2 2008-2009	Year 3 2009-2010	Year 4 2010-2011	Year 5 2011-2012	Year 6 2012-2013	Life of Project Total
Long Term (Expatriate)	\$166,267	\$193,987	\$134,259	\$117,087	\$186,403	\$41,136	<b>\$839,140</b>
Short Term (Expatriate)	\$8,448	\$0	\$10,116	\$0	\$0	\$0	<b>\$18,564</b>
Home Office Professionals (US)	\$130,082	\$36,481	\$38,007	\$13,428	\$40,827	\$22,979	<b>\$281,805</b>
Long Term Local Professional	\$332,393	\$348,528	\$315,758	\$273,231	\$212,283	\$61,309	<b>\$1,543,501</b>
Short Term Local Professionals	\$0	\$2,753	\$0	\$0	\$33,318	\$5,359	<b>\$41,429</b>
Long Term Local Support	\$30,444	\$44,196	\$54,912	\$55,226	\$63,300	\$17,928	<b>\$266,006</b>
<i>Total Salaries</i>	<b>\$667,634</b>	<b>\$625,946</b>	<b>\$553,053</b>	<b>\$458,971</b>	<b>\$536,132</b>	<b>\$148,711</b>	<b>\$2,990,446</b>
Direct Fringe	\$238,499	\$294,321	\$274,896	\$217,341	\$189,917	\$95,668	<b>\$1,310,642</b>
Indirect Fringe	\$151,632	\$123,879	\$89,586	\$75,404	\$133,763	\$109,869	<b>\$684,134</b>
Overhead	\$579,156	\$613,183	\$502,797	\$366,039	\$292,774	\$183,112	<b>\$2,537,061</b>
Travel and Transportation	\$191,372	\$59,350	\$70,551	\$42,917	\$117,211	\$50,475	<b>\$531,875</b>
Allowances	\$283,960	\$189,703	\$172,685	\$99,438	\$189,908	\$66,612	<b>\$1,002,307</b>
Other Direct Costs	\$215,828	\$154,318	\$232,905	\$176,636	\$340,352	\$118,174	<b>\$1,238,213</b>
Equipment & Vehicles	\$109,645	\$17,876	\$39,953	\$8,031	\$81,594	\$14,112	<b>\$271,211</b>
Training	\$11,766	\$17,975	\$23,966	\$60,747	\$168,283	\$9,643	<b>\$292,379</b>
Subcontracts	\$772,549	\$468,131	\$285,122	\$31,749	\$434,801	\$100,303	<b>\$2,092,654</b>
Franchise Development Fund	\$6,305,576	\$7,001,043	\$10,004,386	\$5,493,797	\$8,638,079	\$2,892,800	<b>\$40,335,681</b>
General and Administrative	\$428,743	\$430,457	\$551,246	\$316,398	\$481,469	\$173,808	<b>\$2,382,121</b>
<i>Subtotal</i>	<b>\$9,956,360</b>	<b>\$9,996,183</b>	<b>\$12,801,145</b>	<b>\$7,347,468</b>	<b>\$11,604,282</b>	<b>\$3,963,287</b>	<b>\$55,668,724</b>
Fee	\$261,571	\$263,417	\$289,632	\$297,441	\$167,244	\$97,078	<b>\$1,376,383</b>
<b>TOTAL</b>	<b>\$10,217,931</b>	<b>\$10,259,600</b>	<b>\$13,090,777</b>	<b>\$7,644,908</b>	<b>\$11,771,526</b>	<b>\$4,060,365</b>	<b>\$57,045,107</b>



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