USAID-DFID NGO Health Service Delivery Project

Annual Performance Report
Year Two

October 1, 2013 – September 30, 2014

(Including the fourth quarter, year two)

Contract No. 388-C-13-00002

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

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Acronyms

AMTSL	active management of the third stage of labor
ANC	antenatal care
ARI	acute respiratory infection
ASRH	adolescent sexual and reproductive health
BCC	behavior change communication
BCCP	Bangladesh Center for Communication Programs
BCWG	Bangladesh Communication Working Group
BP	best practice
BSMMU	Bangabandhu Sheikh Mujib Medical University
CDCS	country development cooperation strategy
C-EmONC	comprehensive emergency obstetric and newborn care
C-IMCI	community integrated management of childhood illness
CM	community mobilization
CMAM	community-based management of acute malnutrition
COP	Chief of Party
CQC	Clinical Quality Council
CQI	continuous quality improvement
CSC	consortium steering committee
CSP	community service provider
DCOP	Deputy Chief of Party
DDFP	Deputy Director Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DSF	demand-side financing
ECP	Emergency contraceptive pill
EmONC	emergency obstetric and newborn care
ENC	essential newborn care
ESP	Essential Services Package
F&O	Finance and Operations
FST	Financial Sustainability Team
FWA	Family Welfare Assistant
FP	family planning
FTF	Feed the Future
GAAP	generally accepted accounting practices
GBV	gender-based violence
GFATM	Global Fund for AIDs, TB and Malaria
GHI	Global Health Initiative
GIS	geographic information systems
GOB	Government of Bangladesh
GUC	grants under contract
HFG	Health Financing and Governance
HMIS	Health Management Information Systems
HR	human resources
HTSP	healthy timing and spacing of pregnancy
ICUH	International Conference on Urban Health
IFA	iron folic acid
IPC/C	interpersonal communication and counseling
IR	intermediate result
IS	institutional strengthening
IUD	intrauterine device
IYCF	infant and young child feeding
JHU-CCP	Johns Hopkins Center for Communication Programs
KM	knowledge management
LA	long-acting

LAPM	long-acting and permanent methods
LCC	limited curative care
LMIS	Logistics Management Information Systems
LOE	level of effort
LARC	Long Acting Reversible Contraceptive
MAMA	Mobile Alliance for Maternal Action
M&E	monitoring and evaluation
MCH	maternal and child health
MDG	Millennium Development Goal
MH	maternal health
MIS	Management Information Systems
MNCH	maternal, newborn, and child health
MOCAT	Modified Organizational Capacity Assessment Tool
MOHFW	Ministry of Health and Family Welfare
MOLGRDC	Ministry of Local Government, Rural Development and Cooperatives
MOSW	Ministry of Social Work
MOWCA	Ministry of Women and Children's Affairs
MOU	Memorandum of Understanding
MSDS	Material Safety Data Sheet
NC	newborn care
NGO	nongovernmental organization
NHSDP	NGO Health Service Delivery Project
NMC	NGO Membership Council
NSDP	NGO Service Delivery Project
NNS	National Nutrition Services
NSV	No Scalpel Vasectomy
NTC	National Technical Committee
NTP	National Tuberculosis Program
NUK	Nari Uddug Kendra
OCC	One Stop Crisis Center
PBG	Performance-based Grant
PM	Permanent Method
PNC	postnatal care
PPFP	Post-partum Family Planning
PPH	post-partum hemorrhage
QMS	Quality Monitoring and Supervision
RH	reproductive health
SAM	severe acute malnutrition
SBA	skilled birth attendant
SH	Surjer Hashi
SHCSG	Surjer Hashi Community Support Group
SMC	Social Marketing Company
SMS	short message service
SMT	senior management team
SNL	Saving Newborn Lives
SOP	Standard Operating Procedure
SP	service promoter
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
SRH	sexual and reproductive health
SSFP	Smiling Sun Franchise Program
STTA	short-term technical assistance
TA	technical assistance
TFR	total fertility rate
ToT	training of trainers
U-5	under-five

Executive Summary

The highlight of the second year of the project is the modification of the NHSDP contract with additional 28 million dollars from DFID for 5 years making the total size of the grant 82 million dollars. The amendment contributes to the achievement of goals of the UK's Framework for Results for improving Maternal and New-born Health in the Developing World (2010). It also aligns with USAID's commitment to the Paris Declaration to work in donor harmony to support the host country government in achieving its health sectors development program objectives. The project will continue to support local NGO partners to deliver ESP in an integrated manner, enhancing efficiencies, expanding reach, particularly for the poor and underserved with some additional results which are expected to be achieved during the 5 year project period, now scheduled to December 31, 2017.

The second year of the USAID and DFID funded NGO Health Service Delivery Project (NHSDP) was marked by significant progress in key components of service delivery through improved service quality, enhanced coverage of the poor, strengthened collaborations, and overall capacity building. Through a contract modification, supplementary funds were included to strengthen the focus on family planning (FP) and maternal health (MH) outcomes. At the clinic and NGO levels, key trainings were conducted to build the overall service delivery capacity of Surjer Hashi (SH) network providers and continuous technical assistance to and rigorous consultations with NGOs in all processes was emphasized; while the successful implementation of the performance-based grants (PBG) served as the framework within which these activities were implemented.

Among the achievements, NHSDP successfully implemented the first year of PBGs, making it the first of its kind in the Bangladesh health sector. While NGOs have exhibited progress in the management of the system indicators, a significant improvement was observed in NGO's ownership of their results. Support continued to the rest of the network NGOs towards building capacity to fulfill the pre-set institutional strengthening (IS) roadmaps designed to improve sustainability. To address CDCS USAID/Bangladesh and USAID Forward's emphasis on improved systems for health service delivery and improved management and leadership of health sector and increase sustainability of outcomes through local ownership, NHSDP in its second year has fulfilled its mandate to transition two local sub-grantee NGOs to possible direct USAID partnership during the project. Linked to the ownership of service delivery, comprehensive technical assistance was given to Swanirvar and PSTC, the two NGOs selected to transition to direct USAID grantees.

With an emphasis on enhanced goals through supplementary funds from DFID, NHSDP took into account strategies to increase utilization of ante natal care (ANC), skilled delivery, postnatal care (PNC), and contraception. This included leading the NGOs through an expansion exercise and "Request for Expression of Interest" process which laid the groundwork for expansion into new areas, upgrade of facilities and provision of additional services in order to meet higher level milestones and targets while compensating for the graduation of Swanirvar and PSTC. NHSDP has revised and updated the monitoring and evaluation plan to meet the new data demand as well introduced new and improved data collection tools at the clinic level which now ensures client-wise service data.

Furthermore, key activities were undertaken to increase the service delivery of the Essential Services Package. Conceptual as well as clinical trainings were conducted, designed to address services gaps identified in Year 1 and in line with new expansion needs. This included conducting the training of trainers (ToT) on interpersonal communications and counseling (IPC/C) to 669 clinic managers, counselors and NGO representatives of 329 SH clinics (who will then cover rest of the clinic staff and CSP eventually through cascaded training approach). To address gender and social barriers to service uptake, a ToT on the Social Analysis and Action model was given to 55 participants; while trainings on the screening and treatment of gender based violence in service delivery were conducted. To increase skilled delivery, clinical trainings on safe delivery were conducted for 109 paramedics while another 144 will be trained in Year 3. As

for newborn and child health services, 72 clinic managers were oriented on the strategy and operational guidelines for increasing use of newborn care services and acute respiratory illness (ARI) while 20 medical officers and monitoring officers trained on comprehensive newborn care. In this context, the gaps and challenges that were identified in Year 1 were addressed through the aforementioned project activities in order to contribute to expanding essential services and improving health outcomes. Additionally, new components were added as a part of the modification including HIV/AIDS services, expansion of services into Chittagong Hill Tracts as well as supporting the International Conference on Urban Health to be hosted in Bangladesh in March 2015.

In order to promote improved healthy behaviors and practices through behavior change communication and knowledge managed, NHSDP focused on the aforementioned capacity building of clinic staff in IPC/C; demand generation through BCC campaigns; continued advocacy with the news media as well as mass media to promote health on a wider scale; capacity building of Surjer Hashi Community Support Group and its members to facilitate the community mobilization process as well as adapt the community support system model. To effectively engage community, the existing SHCSGs structure has been revised and about 7581 SHCSGs have been formed who are now actively involved in organizing satellite clinics, mobilizing community to seek services from satellite clinics and refer them to static clinics. Community involvement in maternal survival has been emphasized through the birth preparedness initiative, Three Days Vigilance model and the red flag initiative. NHSDP also developed the "ANGEL Model" with two interventions based on life-stage programming to provide adolescent sexual and reproductive health information as well as counseling services for 15-25 year olds.

Strengthened partnership and advocacy with the Government of Bangladesh has resulted in the formation of an Advisory Committee. The committee consists of eight relevant ministries under the leadership of the Ministry of Health and Family Welfare in order to provide strategic direction to NHSDP and accelerate the ongoing health and FP services with an emphasis on reaching the poor in close collaboration with the GOB. NHSDP has set and emphasizes on its communication objectives to inform target audiences about NHSDP contributions in the health sector of Bangladesh and to publicize project achievements nationally and internationally and ensure target audiences are aware that the funding is coming from the American and British people.

As the project concludes its second year, new challenges as well as opportunities lie ahead. The second round of PBGs will incorporate rationalization and expansion plans to ultimately progress in the four dimensions of performance that move NGOs toward local ownership and sustainability objectives, without compromising the goal of extending a quality ESP to the poor and underserved.

Management & Administration

Modification to Contract
The United Kingdom's Department for International Development (DfID) provided supplementary funds to support current project efforts and to strengthen the focus on family planning (FP) and maternal health (MH) outcomes. Using USAID NHSDP's overarching strategy and key approaches, these combined funds have resulted in the modification to the contract 388-C-13-00002 officially signed on February 26, 2014. The additional funds will allow the project to realign its goals and increase the number of Bangladeshi women utilizing antenatal care (ANC), skilled delivery, postnatal care (PNC), and contraception.

Senior Management Team (SMT)
The project has a Senior Management Team (SMT) that comprises the Chief of Party (COP), the both Deputy Chiefs of Party (DCOPs), directors of service delivery, behavior change, capacity building, monitoring and evaluation (M&E), Health Financing Advisor, and Policy & Coordination Advisor and can include other core staff as needed. This team is responsible for ensuring the NHSDP achievement of high-quality, timely deliverables. The SMT convenes weekly to facilitate information sharing and identify opportunities for maximizing integration across intermediate results (IRs), assess progress against benchmarks, discuss challenges for the upcoming quarter, revise plans responsively and address problems proactively.

Consortium Partners
The NHSDP SMT regularly meets with senior representatives from each partner organization and continues to provide guidance to the project by reviewing project plans and progress reports to ensure that activities are on track. Quarterly joint meetings with partners have been held in addition to in-depth one-on-one monthly meetings with each partner.

NGOs Assignment for Technical Leads and Grants Managers
With the on-boarding of more thematic/technical area specialists, the project assigned technical leads to each of the NGOs in the network. The objective of this assignment is for each technical and grants lead to serve as a focal person for the specific NGO and its corresponding clinics. In this way, the project ensures the large number of SH clinics have coverage with respect to clinic monitoring, technical support, capacity building and performance review. This assignment will also help facilitate relevant coordination of technical support, mentoring as well as technical supervision towards achieving desired results in due time and quality.

Training and Capacity Building Taskforce (TCBT)
This taskforce continues to meet in order to provide guidance and ensure coordination in the capacity building process for all NGOs and the training of NGO clinic staff, service promoters (SPs), and community service providers (CSPs). The TCBT continues to monitor project progress towards performance milestones and capacity building benchmarks of NGOs while contributing to improving the service delivery capacity of NGOs, ensuring quality, gender sensitivity, and reaching the poor and underserved communities.

Gender Working Group (GWG)
NHSDP convened a meeting of Gender Working Group on June 26, 2014 to collaborate and coordinate with existing gender-related forums and networks, rights-based organizations, and Government of Bangladesh (GOB) authorities to mainstream gender within efforts to promote sexual and reproductive health rights (SRHR). The GWG will also promote joint activities ensuring quality services for vulnerable women and girls through empowering women to actively participate in health-related decision-making and enhancing male participation in ensuring the health of their families. Meeting participants agreed that the GWG should serve as a community of practice where participants can exchange information and experiences, solicit peer inputs to solve diverse programmatic challenges, and receive ongoing technical and management support.

NGO Performance Review Workshop
The project conducts the NGO Quarterly Performance Review Meetings as a platform for Surjer Hashi (SH) network NGOs and project staff to review, analyze and share performance results of the past year for each NGO. The meetings focused on aggregated performance of NGOs clinic activities, including new intervention, and sharing lessons learned. These meetings provided the SH network NGOs an opportunity to showcase their best practices across the network in each of the technical sub-stations named by the major rivers (Surma, Kornofuly, Kopotakkha and Padma). These meetings have allowed project staff and SH NGO participants to work together towards planning and implementing community based interventions. The first meeting was held on February 10 – 11, 2014 in Comilla; the second was held on May 14-15, 2014 in Dhaka; and the third was held on August 11-12, 2014 also in Dhaka.

Project Visibility
NHSDP has prioritized efforts and has developed a communications strategy to publicize the project's achievements nationally: specifically, ensuring that the target audience is aware that the funding support is coming from the American and British people, respectively. A number of communications materials were published and disseminated at various national and international events such as at the International Conference on Urban Health and at the InsideNGO annual meeting (see below for details), and a launching event to formally announce the contract modification to include DFID investment. Additionally, a number of publication materials were developed and shared through printed and electronic platforms with stakeholders at all levels. A list of NHSDP publications and communication pieces is included in Annex E.

- **Participation at International Conference on Urban Health (ICUH) 2014 in Manchester.**
  NHSDP was instrumental to organizing a session on Bangladesh and the urban health context at the International Conference on Urban Health (ICUH) in Manchester, UK, from March 9-12, 2014. The project's Chief of Party, Dr. Halida H. Akhter, attended and spoke at the conference along with Dr. Peter Kim Streatfield, Director, Centre for Population, Urbanization and Climate Change, & Head, Matlab Health and Demographic Surveillance System, ICDDRB, and Mr. Ashoke Madhab Roy, Additional Secretary, Ministry of Local Government, Rural Development and Cooperatives. The event was a highly esteemed event for Bangladesh and the health sector, and a handover ceremony was conducted in Manchester for Bangladesh to host the ICUH 2015 in Dhaka. NHSDP will play a key role in the 2015 conference, working alongside USAID and other stakeholders in the urban health arena.

- **Presentation on NGO Transition Process at Inside NGO Annual Conference**
  NHSDP had a strong presence at the InsideNGO Annual Conference, held in Washington, D.C., from July 29-31, 2014. The Director of Capacity Building/HSS participated in a panel presentation, in which he highlighted the process and challenges of preparing two local NGOs to receive and manage USAID direct funding. During a follow-on session, four members of the NHSDP team facilitated roundtable discussions on topics related to integrating capacity assessments into projects. The sessions were well-attended and presented the work of the USAID-DFID funded project on an international stage.

- **USAID-DFID NHSDP Launching Ceremony, June 1, 2014**
  A launching ceremony was organized to formally announce USAID and the UK's Department for International Development (DFID) partnership through the NHSDP Surjer Hashi clinic network of NGOs. High officials of USAID and DFID were in attendance. The event was featured on a number of local television stations in addition to a short video promoting SH clinic services (screened at the launching event).

- **Joint Field Visits with USAID**
  A presentation on NHSDP was conducted at a planning meeting for the NHSDP Advisory Committee at the the Ministry of Health and Family Welfare in January 2014.

Family Planning Compliance

All NHSDP staff members received an orientation on FP compliance in October 2013 from Engender Health as they are mandated by USAID to conduct this for NGO and Government employees and NHSDP received both Bangla and English documents from them which has been distributed to NHSDP NGOs. The FP compliance certificate course was completed online by all NHSDP and NGO staff; these certificates are stored and filed in the respective NGO and HQ offices. The newly joined staff of NHSDP completed the online examination on FP compliance by the end of Q4. In April 2014, Candace Lew from Pathfinder HQ provided an orientation on FP compliance for the staff of the two transitioning NGOs (Swanirvar and PSTC) and select staff of NHSDP as part of the training program "Managing Direct USAID Award for NHSDP two Transitioning NGOs".

The monitoring checklist for FP compliance for NGOs and clinics was shared during the second and third quarterly performance review meetings. NGOs also provided their Year 2 work plan on training for all staff on FP compliance, which was carried out by 25 NGOs. Compliance monitoring visits have been done in eight clinics by NHSDP staff and 14 NGOs have also done monitoring visits in their clinics by using the FP monitoring checklist. 16 NGOs have incorporated FP compliance in their regular quality monitoring checklist and the rest will complete the same in Y3.

An orientation was provided by Pathfinder HQ on FP compliance to key NHSDP program and M&E staff in Q4. These staff members are already rolling out FP compliance to other NHSDP and NGO staff and continue as an ongoing activity to ensure that all training at NHSDP incorporates FP compliance in all the training curriculum. Orientation on FP compliance during the CQC meeting on September 21, 2014 was given by the ESP Director, to the participants from 26 NGOs, including monitoring officers and project directors. All NGOs have submitted their Y3 FP compliance monitoring plan to NHSDP. NGOs in the network have also been instructed to maintain FP compliance related files. To ensure compliance at the NGO level, a clear set of instructions have been given to NGOs regarding documentation of FP compliance to be available and updated at all 334 SH clinics. Accordingly, FP compliance files at NGO level will contain a) copy of USG policies, b) all training reports and training related documents, c) all signed acknowledgement forms by staff, d) meeting minutes, and internal memos, and d) monitoring schedule and visit respectively. With more technical staff on board at the NHSDP HQ level, the project has also developed a plan to visit all 334 SH clinics per year; around 80 clinics will be visited and monitored per quarter (using the integrated clinic monitoring tool) by all technical leads.

Environmental Compliance

The Environmental Monitoring and Mitigation Plan (EMMP) of SH clinic network was approved by USAID in Year 2, which was later shared with the NGOs. USAID Bangladesh's Mr. Jeff de Graffenried, Mission Environment Officer, was present in the CQC meeting on 15 June '14 to discuss medical waste management and the EMMP. The waste management plan and environmental compliance monitoring checklist (translated in Bengali) was introduced in the CQC meeting on 21 September '14. In Year 3 this plan and checklist will be used by all the Monitoring Officers in each NGO in every quarter, to monitor each SH clinic. Then they will send the report to NHSDP. In Y3, licenses on environmental health issues will be ensured for at least 50% SH clinics, from the Director General of Environment, GOB. The Material Safety Data Sheet (MSDS) and Standard Operating Procedure (SOP) will be developed and implemented in Year 3. The EMMP remains a priority for NHSDP, and its compliance has been emphasized in Year 2 (Performance-based Grant [PBG] Year 1) with relevant staff onboard to spearhead its implementation.

Section I: Annual Performance by Intermediate Results (IR)

IR 1: Client Base Expanded, Especially for the Poor, for a Quality ESP

Sub IR 1.1: Improved access, especially for the poor, to a quality ESP through a cohesive network of NGO static clinics, satellite clinics and CSPs

NHSDP aims to expand quality services on the Essential Service Package particularly for the poor. A number of trainings were conducted in Year 2 to build the capacity of service providers in the ESP components while continuing to focus NGO efforts on the delivery of ESP in a cost effective way. NHSDP adopted specific strategies for increasing access to maternal, newborn, and child health (MNCH) services to assist NGOs to maintain continuum of care both at the clinic and community levels. New collaborations were established and some are at the final stage for maximizing access to ESP services particularly long-acting and permanent methods (LAPM), MNCH and nutrition services to the target population.

Expansion
Significant expansion – in terms of geographic coverage and services offered – was required to enhance all activities at least by 25% as both USAID and DFID modification deliverables. NHSDP conducted careful analysis to ensure that NGOs would meet higher level milestones and targets and at the same time compensate for the loss of Swanirvar and PSTC (NGOs transitioning to USAID direct funding) through expansion into new areas, upgrading of facilities and provision of additional services. The expansion was guided by significant analysis and evaluation by NHSDP, as well as by the likelihood of government's approval for its listed hard to reach area allocation and NGOs' negotiation capacity.

NHSDP staff conducted a series of desk exercises to merge previously collected NGO expansion preferences with catchment-area specific population and health data. NHSDP also mapped the locations of its clinics (disaggregated by NGO, clinic type, and area), the locations of GOB facilities to the upazilla level, and GOB hard-to-reach areas using Google Maps Engine Pro. The map was able to show NHSDP staff where there were gaps in coverage both by the project and by GOB health facilities, and proximity to hard-to-reach areas. NHSDP plans to further develop the map using additional GOB and implementer data to provide an even fuller picture of the health care system in the country.

NHSDP led the NGOs through an expansion exercise and 'Request for Expression of Interest' (REOI) process. This process allowed NHSDP to integrate an annual budget modification process with a competitive application process for geographic and service expansion. The REOI provided a mechanism for NGOs to advocate for their own preferred expansion, and to demonstrate that the NGOs had the capacity to manage more clinics and provide additional services. NGOs were provided with a menu of expansion options and were asked to design their own expansion plans in accordance with their growth aspirations and the needs of the project. NHSDP held a workshop for the NGOs to explain the expansion and provide access to the map described above.

NHSDP established performance and expansion readiness criteria to determine whether an NGO had the capacity to expand its geographical scope through establishment of new clinics or upgrading clinics. The criteria were:

- NGO has a 25% or greater cost recovery rate
- NGO has demonstrated commitment to meeting capacity building roadmap benchmarks
- Program income makes up at least 30% of expansion budget (new costs)
- Expansion should be proposed in a district where or adjacent to where NGO already works
- Expansion proposed is less than 25% of current budget (grants, PI, and RDF)
- Adequate performance under PBG Y1, including achievement of at least 85% of its targets (pro-rated for months reported) and progress implementing PBG Y1 planned expansion

NGOs that did not meet the criteria were deemed not eligible to propose geographic clinic expansion and were encouraged to propose new satellite locations and new activities. Exceptions were rare and thoroughly documented. In some cases, special justification for expansion in the hard to reach and underserved areas – such as a lower cost recovery rate – was considered, given NHSDP's mandate to work in these areas.

After submission of NGOs expressions of interest (EOI), the NHSDP Technical Evaluation Committee (TEC) met from August 11-15 and 26-28, 2014, to evaluate NGOs' expansion plans. The committee evaluated the plans both to ensure that individual NGO plans were consistent with their capacity and scope, and to ensure that the overall network expansion would meet the goals and targets of the NHSDP contract. The TEC reviewed the EOI for the aforementioned criteria, as well as 1-Proposed clinic locations (in hard to reach areas, under-served areas, etc.) 2-Presence of other health service providers in that area; 3-flood prone or poverty-prone areas 4-NHSDP technical leads' feedback 5-Clear and proper justification of the expansion and 6-Correlation with NHSDP's internal rationalization exercise. Proposed clinic locations were added to the map, to provide an image of potential coverage. The technical evaluation committee recommended expansion that met the needs of the award within budget realities. Following review and approval by USAID, Year 3 of the performance-based granting program with expansion will be implemented during October 2014 to Sept 2015 fiscal year.

Plan for technical assistance to NGOs (Milestone 6)

An integrated training plan was developed for NHSDP, and to rationalize the training and ensure the efficient use of resources, all of the training events were joined by more than two trainers. This method integrated multiple thematic areas in one session: e.g., in all trainings/ orientation of newborn and child health, updated information on maternal health and nutrition was also given to the participants. This effort will be continued in Y3 also. In addition, as much as possible trainings will be decentralized to the substation level to curtail the cost and time expended by the NGOs. To monitor the efficacy of the training, post training follow up tools have also been developed and will be used beginning in Y3. Based on the results of an assessment on underutilized ESP services, NHSDP organized skilled birth attendant (SBA) training for paramedics, which increased home delivery services as well as increased the availability of safe delivery services overall, and ensured three days of vigilance after delivery. To augment LAPM services, NHSDP collaborated with Engender Health to train more service providers in LAPM, met with government FP personnel and SH clinics staff to coordinate expansion of LAPM services, and finalized the planning for Roving teams who will provide LAPM services in areas where LAPM services are not currently offered. At the same time, NHSDP also continued on-the-job technical assistance (TA) in quality assurance during each technical staff's TA visits to ensure the overall quality ESP services in the NGO clinics.

Sub IR 1.1 -

- **Milestone 6:** Plan for technical assistance to NGOs developed (within 1 year of award)
- **Milestone 7:** Supportive supervision plan for local NGO partners to support and supervise clinics developed

Quality Management System

NHSDP is establishing its reputation as a leading program by its attention to high-quality ESPs, its implementation of innovative behavior change and marketing approaches and activities for client satisfaction, its role in the increasing demand of health services as well as SH network's survival. SH quality standards are being reinforced at all service delivery levels. The project provides ongoing TA and quality assurance to improve ESP quality, directed at strengthening network-wide quality improvement systems in SH clinics. NHSDP is supporting NGOs for clinic operations and clinic-level continuous quality improvement (CQI) through the Quality Monitoring and Supervision (QMS) system. System-level refinements include establishing an integrated system where QMS data is a part of Management Information Systems (MIS) and linked to other service statistics and data to provide a comprehensive understanding of overall performance. This includes methodologies incorporating exit interviews or mystery clients that assess care giving behavior and elicit client satisfaction.

NHSDP has a culture of quality that emphasizes service integration, youth friendliness, efficient and equitable services, and women-and girl-centered approaches. This focus permeates this program and contributes to a more equitable use of the ESP. NHSDP is actively promoting the project's overarching mission to extend quality ESP services to underserved areas through a stronger SH network. By mitigating variances in quality of care and range of services offered among project-supported NGOs and transitioned NGOs, the cohesiveness of the SH networks are maintained.

Supportive Supervision Plan for the NGOs (Milestone 7)

To strengthen the supportive supervision system from NHSDP, an integrated monitoring checklist has been developed jointly with Pathfinder HQ, as a requirement from USAID COR. A guide on a multilevel monitoring system has been developed to check the quality of the program by all the tiers from the NGO up to NHSDP. This was shared in the quarterly review meeting and was appreciated by the NGOs. The newly introduced integrated clinic visit monitoring tool will be fed into overall monitoring of the project. Monthly data received from the NGOs will be validated by selected findings from the field visits. Piloting of this tool is going on at the moment which will be data entry friendly and the findings will be uploaded in iShare to allow access by the NHSDP technical team and HQ teams. This clinic visit monitoring tool will be extensively used by all technical staff during their dedicated monitoring and compliance visits. The project has planned to visit clinics at least once a year and findings of the respective visits will be analyzed by the program team, NGO leads to identify the gaps and provide feedback to NGOs by conference call within one week of return of the clinic visit.

Mainstreaming Gender

Gender mainstreaming is a priority in all of the approaches for implementation of NHSDP activities. In Year-2, the program conducted seven divisional workshops on social mapping of gender-based violence (GBV). These workshops were intended to mobilize the community and identify key stakeholders at the community level to prevent GBV and identify potential referral points for referring GBV survivors after primary management in SH clinics. Two strategies on gender equity and gender based violence have been developed and shared with all SH NGOs. A new indicator for MIS reporting has been added in the DFID logframe and has been approved by the DFID coordination meeting which is '# of GBV cases managed' at SH clinic network and target numbers have been allocated for NHSDP and other DFID partners like BRAC and Marie Stopes Bangladesh. The accepted of case management elements include, screening, counseling and referral.

To achieve ≥90% of clinics have women and girls centered services as confirmed by quality assurance checklist; a guideline on 'Women and Girls Centered Services' and another guideline on 'Counseling to GBV Survivors' has also been developed, along with seven elements of women and girl-centered services at SH Clinics (Refer to Annex C for details). Seven elements have also been incorporated within the Quality Assurance Checklist. A separate screening checklist for GBV survivors has been developed, and training has been provided on how to use the checklist for counselors and paramedics. Twenty groups of different levels of SH service providers (653 participants overall) have been trained on 'Gender Equitable Approaches' during service delivery and how to identify, treat, and counsel GBV survivors. After receiving the GBV training, an average of 200 GBV cases were managed by counselors and paramedics of SH clinics in Year 2. As there were no severe cases, all of them could be managed by counseling and primary treatment. Orientation on gender equitable services and GBV screening has been organized in 300 clinics for 6000 SH clinic staff in Year 2.

Sub IR 1.1 -

- **Milestone 8:** ≥90% of clinics have women-centered services as confirmed by quality assurance checklist (within 2 years of award)
- **Milestone 9:** ≥90% of clinics implement a continuous quality improvement plan (within 2 years of award)

Two batches of training of trainers (ToT) on 'Social Analysis and Action (SAA) were organized with 55 participants of SH clinics in order to increase awareness of social and gender-related barriers to health

service utilization and how best service providers could address these social and gender-related barriers during service delivery. For example, the issue of son preference was heavily discussed as a barrier to family planning use and how providers can try to address these both at the community level but also during counseling sessions. Key objectives of the training were to adapt and implement SAA orientation for NHSDP health service providers and to develop capacity and a plan for supporting an ongoing SAA approach as a way of fostering reflection and dialogue on social and gender norms and their impact on service use. Fourteen batches had cascade training on SAA, conducted by Master Trainers from SH NGOs, and they trained 225 service providers from SH Clinics.

NHSDP also signed a Memorandum of Understanding (MOU) with the Protecting Human Rights (PHR) project of Plan International Bangladesh. Both projects are working to reduce the vulnerability of underprivileged people in Bangladesh. To increase multisectoral support for GBV survivors, PHR will work with NHSDP to develop formal referral linkages with the Ministry of Women and Children's Affairs' (MOWCA) 'One Stop Crisis Centres (OCCs) and between the SH clinics and the Bangladesh National Women Lawyers Association, a partner of PHR.

NHSDP participated in the 'Gender and Development Fair' organized by the USAID Bangladesh mission, on International Women's Day to raise public awareness on the need to protect basic human rights, particularly women's rights in Bangladesh,. NHSDP hosts the 'NHSDP Gender Working Group (NGWG)' comprised of different gender forums/networks, right-based organizations, and the GOB who to work together to mainstream gender equality in sexual and reproductive health services and harmonize gender-related activities for increased synergies. Workshops on 'gender responsiveness and effective referral linkages' for 150 SH Clinic's were planned. However, due to political unrest, all of the workshops could not be held in Year-2, and some had to be moved to Year-3. The six-monthly assessment on 'women and girl-centered services' also was not conducted as the Quality Assurance Specialist joined towards the end of the second quarter of Year-2. A Quality Assurance Checklist was developed and field-tested. The assessment is now planned during the first quarter of Year-3. A module on developing a Gender Policy was developed for the NGOs and is under review for finalization. Gender is considered to be an important component of the youth activities in NHSDP. Mainstreaming gender across the SH NGO HQs and their clinics is a new initiative for the NGOs and viewed as a bit challenging, however the NGOs are very receptive and keen to implement the activities. There is a plan to conduct a gender assessment of NHSDP towards the end of 2014, and a concept paper using appropriate methodology is being developed with guidance from the Gender Advisor of USAID and Pathfinder HQ.

Chief Guest of 'Gender Fair' and Honorable State Minister Meher Afroze Chumki

MoU signing ceremony between NHSDP and PHR program, Plan Bangladesh

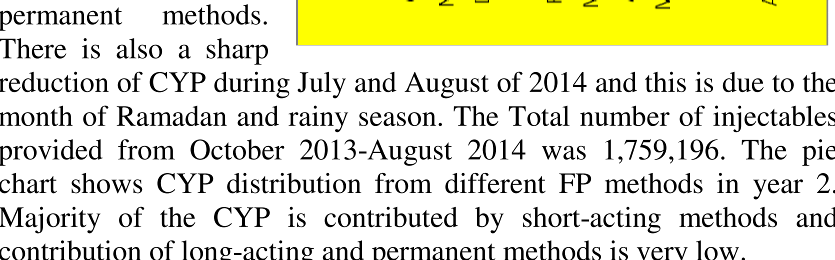
Building off of the aforementioned gender-related activities, the focus for the upcoming year will be to: develop a NGO level gender policy for 14 SH NGOs (with a plan to expand to the rest of the NGOs in the subsequent year); build community awareness and support of GBV survivors; and establish a multisectoral GBV referral network with GOB and human rights and legal aid organizations. An additional focus is to increase male participation at clinic and community level through developing guideline for counseling to male clients in ESP services, building social awareness on Gender Equality & support to the GBV survivors and involve more male members in SHCSG.

Implementing a Continuous Quality Improvement Plan (Milestone 9):

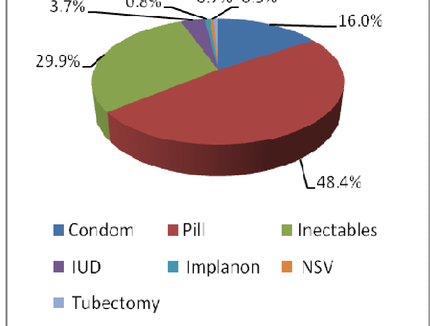
Two CQC meetings were held on 15 June 2014 and on 21 September 2014, respectively with the NGOs' 27 participants (Monitoring Officers (MO) and Project Directors). Updated information on clinical quality service delivery was discussed to ensure quality in all the health services provided from all of the clinics across the network. Orientation of the new monitoring officers on the monitoring protocol was also conducted at these meetings. The quarterly plan on Continuous Quality Improvement (CQI) was jointly discussed and developed at this meeting. Additionally, we gathered feedback from the monitoring officers towards revising the QMS guideline.

NHSDP is revising the QMS guidelines and incorporating components of gender, newborn health, nutrition and TB. According to NGO feedback, NHSDP is also changing the knowledge quiz and exit interview questionnaire in the guidelines. For now NGOs are using the existing guidelines during QMS visits. A few changes in the knowledge quiz are under field testing at the clinic level.

Three other monitoring initiatives are also in place for ensuring CQI at the clinic level. They are: the use of the "Field Visit Checklist" by NHSDP staff during regular monitoring of clinics, six monthly QMS visits conducted by the NGO HQ officials for each of their clinics, and the continuation of the "Clinic Level Quality Circle" by the clinical staff. All these efforts are done simultaneously to sustain quality in the clinical service system.



Family Planning Services (Milestones 10, 10a)
From October 2013 to August 2014, FP accounted for 41% of the total service contacts at SH clinics. The total number of CYPs achieved within this period was 1,473,790considering all of the FP methods provided at SH clinics. The projection for total CYP is on track for Y2, though the number of CYP reduced from November 2013 to July 2014 due to low performance related to long-acting and permanent methods. There is also a sharp reduction of CYP during July and August of 2014 and this is due to the month of Ramadan and rainy season. The Total number of injectables provided from October 2013-August 2014 was 1,759,196. The pie chart shows CYP distribution from different FP methods in year 2. Majority of the CYP is contributed by short-acting methods and contribution of long-acting and permanent methods is very low.



The Family Planning (FP) Strategy and Operational Guideline was developed during the reporting year with a focus on increasing LAPM in the SH clinic network, and to promote Healthy Timing and Spacing of Pregnancy (HTSP). The FP Strategy and Operational Guideline focuses on providing FP services to women between 15-49, unmarried adolescents, newly-married couples and first-time parents. The final draft has been sent to USAID for approval. Counseling on LAPM has been incorporated as a component of the IPC/C training curriculum and 669 counselors and clinic managers have been trained on this. FP counseling was integrated into other services such as antenatal care, postnatal care and Expanded Program on Immunization counseling. A guideline will be developed in Y3 so that FP counseling can be better integrated and provided during other counseling provided at SH clinics and reduce missed opportunities regarding family planning counseling.

Sub IR 1.1 -

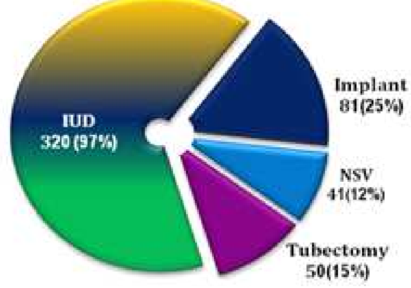
- **Milestone 10:** ≥25% increase in CYP from baseline by end of contract
- **Milestone 10a:** 948264 additional CYP over the life of the project

A Guideline on the Roving Teams was developed and shared with all NGOs to ensure LAPM services in clinics where LAPM services are not available due to lack of trained service providers. Priority areas for the Roving team will be decided by collecting information on availability of services and providers regarding LAPM from the NGOs and developing a comprehensive plan for Y3. A few NGOs have identified and established contact with local experienced Government doctors who are trained on LAPM and who are willing to work in the Roving Team. In addition, EngenderHealth will also engage their own Roving Teams to provide services at SH clinics.

During the reporting year 2,712 new satellite clinics were established and 346 additional CSPs were recruited. The CSPs were oriented by respective NGOs to increase awareness of the community in their catchment area on FP and other services available at SH clinics. This activity is intended to create further demand for FP and thereby increase the number of FP acceptors.

NHSDP has become one of the members of the National Technical Committee (NTC) for Family Planning, which has initiated a dialogue with the government to allow paramedics to insert implants and Service Promoters (SPs) to provide injectables. After obtaining approval from GOB, Engender Health will train the SPs on injectable contraceptives. However, due to a delay in getting approval from the government, 150 SPs could not be trained on injectable contraceptive during Year-2; this training for SPs will be conducted in Y3.

Currently among 330 clinics in NHSDP, IUD insertions are available from 320 clinics; implants in 81 clinics; Tubectomy in 41 clinics and; Non Scalpel Vasectomy (NSV) in 50 respectively. Emergency Contraceptive Pill (ECP) are available in 87 clinics. A guideline on ECP will be developed in Year-3 and will be shared with all NGOs as NHSDP plans to roll out ECP in all 330 SH clinics in Y3.



EngenderHealth has provided Post Partum Family Planning (PPFP) training to two doctors and five paramedics in Year-2. Service providers of additional 50 EmONC clinics will be provided training on PPFP in Year-3.

The USAID-DFID NHSDP Advisory Committee has been formulated with eight ministries under the leadership of the Ministry of Health and Family Welfare (MOHFW). This committee will provide strategic direction to NHSDP activities to accelerate the on-going health and family planning service to the poor and under-served population.

A ‘Private Sector Task Force’ was also formed by Social Marketing Company (SMC), NHSDP, Engender Health and Bangladesh Center for Communication Programs (BCCP) under the leadership of USAID for improving synergy among these organizations to increase LAPM services in the private sector. A matrix covering the roles of the above organizations in delivering LAPM services, training, and behavior change communication (BCC) activities, and quality assurance was developed. Through this collaboration, Jadelle (implant) and Relax (IUD) will be available in SH clinics, and there will be clinical training of service providers on Long Acting Reversible Contraception (LARC) and Permanent Methods (PM). For promoting FP services in Bangladesh, a strategy on a BCC campaign is in the process of development under the leadership of USAID and in collaboration with NHSDP, EngnderHealth, Mamoni HSS, BCCP and SMC.

Maternal Health (Milestones 11, 11a, 13, 14)

Emphasis was given to increasing the number of safe deliveries in all EmONC facilities and also ensuring that safe home deliveries are being conducted by skilled providers. With newly introduced additional targets during PBG -1, the program created a platform to introduce home-based PNC services to ensure provision of care within 48 hours of delivery by trained SBAs in the catchment areas. ‘Three Days Vigilance’ (Teen

Diner Pahara), an NHSDP initiative and involves the community and service providers and to advocate for the prevention of maternal death from Post Partum Hemorrhage (PPH) and other complications and expedite transportation for emergency care. Communities were involved by implementing this initiative around the labor of the pregnant women so that complications could be given attention and emergency situations could be tackled and the three delays could be avoided.

In the second year, maternal health services were characterized by training of the paramedics on safe delivery; 109 paramedics were already trained and 144 will be trained in Y-3. Basic training on maternal health services for SP and CSPs has been planned, and an orientation of service providers on the use of Misoprostol by the trained paramedics at home deliveries to reduce maternal death from post-partum hemorrhage (PPH) at the community level has been accomplished. This training was particularly pertinent in the clinics that are conducting home deliveries by paramedics in their selected areas. A detailed guideline need to be submitted to the NGOs conducting home deliveries on the use of Misoprostol under supervision of the clinics and the roles of various staff in the field and at the clinics.

Mayer Bank (Mother's Bank): An NHSDP icon to strengthen birth preparedness in the community

ANC is provided at all SH clinics, as well as satellite centers. The clinics focused on enhanced ANC care with six service packages will be provided to clients at each ANC visit (based on WHO guidelines), placing very high emphasis on birth preparedness/complication readiness during ANC visits; NHSDP has taken a number of strategic steps for improving the access to and quality of these services. NHSDP has introduced "Mayer Bank" as an NHSDP icon and the 'Birth Preparedness Card' to strengthen maternal and newborn emergency preparedness and reduce delays in seeking care—therefore serving as a lifesaving intervention. The program also planned intensive community engagement around safe delivery and emergency preparedness. As part of this effort pregnant women will be identified and registered with the support from Surjer Hashi Community Support Group (SHCSG). A red flag will also be hoisted in the pregnant women's house so that the community is aware and can support her in case of an emergency and at the time of delivery. Detailed guidelines have been shared with the clinics for implementation.

Referral linkages have been enhanced by incorporating components (such as name of nearby facilities, name of blood donors, emergency transportation details) in the birth preparedness card and into the Three Days Vigilance initiative which mobilizes the family, community and service providers to prevent any maternal complications. These important elements are reinforced at trainings for service providers to build their capacity on addressing MH issues. The project also conducted an exercise that identified each clinic's current practices of referral through a self-assessment tool which will further guide NHSDP in strengthening referral system. The follow up EDD phone calls have been reported to be effective as they increase the SH clinic's reputation as caring towards the clients.

Milestones linked to maternal health, under IR 1.1 to be achieved by the end of the contract:

- **Milestone 11a:** ≥30% increase in delivery assisted by SBA in targeted communities from baseline
- **Milestone 12:** 38,292 additional birth assisted by Skilled Attendants
- **Milestone 13:** 4,945,930 additional ANC checkups provided to pregnant women over the life of the project
- **Milestone 14:** (#14): 331,248 PNC services are provided to women with child birth within 48 hours after birth

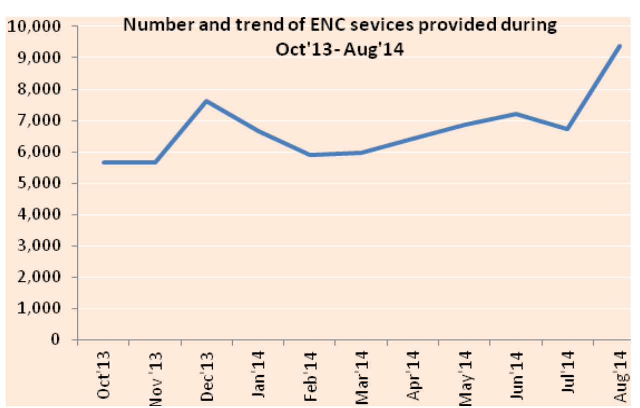
To increase access to maternal health services, the program increased the number of trained service providers (CSPs, paramedics, SBAs, satellite clinic spots), set up new clinics including vital EmONC clinics in the SH network. EmONC services were increased by upgrading vital clinics to C-EMONC facilities and engaging necessary numbers of local skilled providers.

To provide quality EmONC from all SH C-EmONC clinics, NHSDP has supported the NGOs to form a Technical Excellence Support Team comprising of local obstetricians, pediatricians and anesthesiologists within the clinic catchment area, who will work on call 24/7 for the respective CEmONC clinic. NHSDP is also collaborating with BRAC (Manoshi) and Marie Stopes clinics for cross referral of delivery services.

In Y2, (October '13 to September '14) total ANC service contacts (not women) numbered at 1,331,193 (1.3 million), showing an upward trend from year 1. The number of safe delivery services also showed an upward trend; there were 26,918 total deliveries from October 2013 to September 2014. The target for PNC in the second year was 151,264 where the achievement in Year 2 was 26,341 which is 139% of the projected target.

Newborn and Child Health Services (Milestones 12 and 15)

Uptake of Newborn and Child Health services has increased in the reporting year. During the October '13 to August '14 period 74,106 Essential Newborn Care (ENC) services were provided from SH clinics, satellites and through CSPs at the community level, achieving the reporting year's target for milestone 12. During the same period, 152,124 pneumonia cases among children under-five were treated, which is also on track in achieving the target for milestone 15. In addition, 347,576 children less than 12 months of age received Penta-3 vaccination and 4,008,894 children and adolescent girls received Rubella vaccination through routine Immunization and National Immunization Day (NID) campaigns at SH clinics and satellites.



NHSDP signed an MOU with Save the Children International's Saving Newborn Lives (SNL) Program on August 2014. Through this collaboration, both the projects will work together to enhance knowledge and skills of service providers of SH clinics on newborn care. This technical support from SNL will help SH clinic service providers to provide high quality, evidence-based newborn interventions, thereby increasing the number of newborns services under the ESP from all clinics of the Surjer Hashi network.

MoU Signing between NHSDP and SNL

ToT on Comprehensive Newborn

During the reporting period, all of the NGO Project Directors (26) and 72 selected Clinic Managers were oriented on the 'Strategy and Operational Guidelines for Increasing Use of Newborn Care Services' and 'Strategy and Operational Guidelines for Increasing Uptake of ARI Services among Children under Five Years of Age.' The strategies focused on Milestones 12 and 15. Following the orientation, NGOs developed their action plans to implement the strategies in their working areas.

- **Milestone 12:** ≥30% increase in number of newborns born in supported clinics receiving immediate newborn care from baseline by end of contract
- **Milestone 15**: ≥30% increase in # of childhood pneumonia cases treated with antibiotics by training facility/community worker from baseline

For strengthening capacity of service providers on newborn care, 20 Medical Officers and Monitoring Officers were provided ToT on "Comprehensive Newborn Care". The

ToT included hands-on-training on four new interventions: application of Chlorhexidine on the umbilical cord; management of newborn sepsis; Kangaroo Mother Care; and Antenatal Corticosteroid, in line with Government's 'Promise renewed' priority actions. Refresher training on Helping Babies Breathe (Neonatal resuscitation) was also organized for 6 NGO Monitoring Officers, in collaboration with Bangabandhu Sheikh Mujib Medical University (BSMMU) and MaMoni Health System Strengthening Project.

Reaching adolescents and youth (Milestone 16):

Two PBG indicators for adolescents and youth were included in Year 2. The PBG indicator-1 is the number of service delivery approaches successfully implemented to reach adolescents and youth (15-25 years) and PBG indicator-6 is the number of youth (15-25 years) accessing reproductive health services. During the first three quarters (October '13 to June '14) of Year 2, 4,479,725 adolescents and youth accessed reproductive health services from SH clinics.

A guideline was developed to document different approaches undertaken to reach adolescents and youth (15-25 years of age) in the catchment areas. The guideline was translated to Bengali and shared with all SH NGOs. Using this guideline, NGOs documented the successful approaches to reach adolescents and youths in their catchment areas. The documented approaches will be submitted to NHSDP, which will be reviewed and published. A consultation meeting on adolescent and youth sexual and reproductive health (AYSRH) was organized by USAID at NHSDP and was attended by key organizations working in this field to identify the gaps. They recommended a way forward for interventions with AYSRH in Bangladesh.

- **IR 1.1, Milestone 16:** ≥25% increase in number of youth (15-25 years) accessing reproductive health services

An AYSRH Strategy and Operational Guidelines were developed reflecting different interventions for reaching 15-25 years old adolescents and youth with SRHR information and services both at the SH clinics and in the community. Recognizing that young people are not homogenous and there is a need to tailor interventions to the different stages, the strategy and operational guidelines outlines the ANGEL Model, which focuses on married adolescents and first-time parents. In addition to the ANGEL Model, the strategy includes guidance on school-based programs targeting younger and unmarried young people with SRHR information and referrals for needed services. SH NGOs will also be supported to continue providing Tetanus Toxoid vaccination, blood grouping, and hygiene-related information to students in schools, madrasha and colleges. The strategy and operational guidelines were shared with Pathfinder HQ, finalized after incorporating the feedback, and shared with the SH NGO network for implementation. The ANGEL Model will be implemented gradually in all NGOs during Year-3 and Year-4 of the project.

The adolescent reproductive health booklet 'Know Yourself' was developed by BCCP based on the research findings conducted by ICDDR'B. The booklet covers topics like puberty, child marriage, divorce, dowry, family planning, antenatal care, maternal health, postnatal care, abortion, infertility, impotency, HIV, STIs, condom use, etc. NHSDP plans to use this booklet within the SH NGO network to provide needed SRHR information to adolescents and youth aged 15-25 years. Youth friendly health service (YFS) delivery checklist will be developed in one page for the counselors for the ease of reporting the YFS on AYSRHR in all clinics of SH network.

Reaching the Poor (Milestone 18)

NHSDP is mandated to reach at least 35% of the total service contracts who qualify as poor according to project criteria. Among the total service contacts (35,003,645), during the October 2013 to August 2014 period 38% were identified as poor. The documentation on following the criteria and process for indentifying the poor and poorest of the poor (PoP) will be further strengthened in 2014. Additionally, once the pro-poor coordinator

Sub IR 1.1-

- **Milestone 3:** At least 35% of service contacts qualify as poor within 1 year of award (achieved)
- **Milestone 18:** At least 40% of service contacts qualify as poor by the end of the contact.

comes onboard, s/he will a) take lead on the implementation of the activities as defined in the strategy paper on reaching the poor b) further assess the access barriers by poor and marginalized populations. Since January 2013, 37% of total 61,245,692 service contacts qualified as poor across the SH network.

While the hiring of the position of Pro-poor Coordinator (one year position) is pending, steps have been taken to incorporate and integrate elements of reaching the poor into the following areas both at clinic and community level:

- Surjer Hashi Community Support Group (SHCSG) – Involvement of SHCSG in updating and validation of the list of poor and PoP in their respective catchment area. Orientation package for SHCSG has been developed incorporating the process to update and validate the existing list of poor and PoP households prepared through community mapping. The process will also involve local government and other donor funded projects' representatives. The orientation of SHCSGs on this package has already started. (Refer to Sub IR 2.2 for more details)
- Demand Side Financing (DSF): There are currently nine SH clinics are enrolled under DSF program. Ten clinics have applied, however three additional SH clinics are in the pipeline to be enrolled under government's DSF program. Other applications are under review by the government. The program provides cash incentives for the poor for ANC, PNC, and safe delivery services as well as incentives to service providers.
- BCC and community mobilization training – building the capacity and awareness of service providers (clinic managers, service promoters) on how to serve poor and understand the needs of this community through this training was one area of focus.

HIV and AIDS Services (Milestone 20)

Ten of the HIV prevention centers for clients of sex workers and other vulnerable male populations (like, migrant workers, youth and adolescents, active TB cases, etc.) under the Modhumita Project, funded by USAID and managed by SMC, will come under NHSDP. These service delivery points will not operate the way it did in Modhumita Project, but will provide integrated ESP and HIV services. The process started during the reporting period. An outline of the implementation strategies and modus operandi was jointly agreed upon and went through the approval process of USAID. The ESP-HIV service delivery model will be piloted through these ten clinics and will be used as learning sites as clinic staff of Modhumita project have significant expertise and experience, which can be useful to other NHSDP clinics offering HIV services in places where there are concentrations of high-risk populations. The HIV services provided through this integrated ESP-HIV model would be STI and HIV counseling and testing (HCT) services and family planning as one of the four prongs of PMTCT. The minor details of implementation will be worked out after receiving the approval and signing the contract between NHSDP and SMC.

Tuberculosis

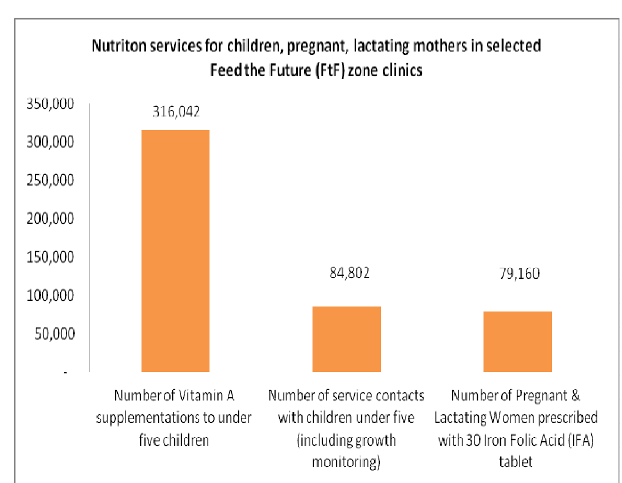
> **Sub IR 1.1-**
> - **Milestone 20:** Expansion of SRH services to integrate selective HIV interventions in selected area

TB diagnosis (Microscopy) and treatment (DOTS) services are provided through SH NGO network in Dhaka, Chittagong, Rajshahi and Khulna City corporations through 58 clinics with the support of Global Fund for AIDs, TB and Malaria (GFATM) and in collaboration with the National Tuberculosis Program (NTP). During the October' 13 to September '14 period, 6,634 TB cases (all forms) were diagnosed through 33 microscopy centers; among them, 358 were child TB cases. Detection of child TB was 5.4% of the total cases, which is 2.4% higher than the national average. The participating SH NGOs successfully treated 4,639 of the TB cases who were registered a year ago. The NGOs also implemented a combination of TB Advocacy, Communication and Social Mobilization activities in their respective communities and oriented 9,527 graduate and non-graduate Private Practitioners, NGO workers, cured TB patients and Pharmacists. In addition, 11,043 persons were reached with information and messages on TB through film shows, street dramas, folksongs etc. During the reporting year, 64 SH clinic staff (medical officers, paramedics, laboratory technicians and field staff) received training from the NTP

and BRAC. An expansion plan for TB services across the SH network at clinic and community levels was also developed to intensify case finding by screening and referrals and supplement NTP through training and an orientation program. Collaboration with USAID funded TB CAREII is under negotiation, which is expected to be signed in first quarter of Year-3.

Nutrition

NHSDP's 'Core Package of Nutrition' interventions have been finalized in the reporting year to mainstream nutrition services into the ESP services offered from *Surjer Hashi* (SH) clinics. The package is designed with highly effective nutrition interventions to address different nutritional requirements at different stages of the 'Life-Cycle'.



Nutrition interventions are comparatively new and there are seven performance monitoring indicators related to nutrition. All the relevant NGO staffs are yet to be oriented on those indicators and on revised data collection tools therefore all the SH clinics were not able to report on these indicators. Feed the Future (FtF) zone is one of the priority areas for NHSDP. During the second year only 19 out of 53 clinics in the FtF Zone reported on three nutrition service related indicators. During October'13 to August '14 period, a total of 2,525,690 under five children received Vitamin-A supplementation from 330 clinics including 316,042 children in the FtF zone. There was approximately 25 percent increase from the previous year in the number of children who received growth monitoring services. Number of pregnant and lactating mothers who were provided with IFA tablets from SH clinics located in the FtF zone also increased from 61,565 in Year 1 to 79,160 in Year 2. Information on all nutrition indicators from all the clinics will be available from the beginning of Year-3.

By end of NHSDP Year-1, 80 clinic staff received the Infant and Young Child Feeding (IYCF) training which was organized by FANTA-III project of FHI-360. A formal partnership agreement was signed with Concern Worldwide for training of SH network NGOs on nutrition. Following the GoB's IYCF module, 'ToT on Infant and Young Child Feeding (IYCF)' was provided to additional 50 clinical staffs from 25 NGOs co-facilitated by Concern Worldwide and Bangladesh Breastfeeding Foundation. These Master Trainers have already initiated cascading of the IYCF training and till date trained 1,347 key SH service providers (doctors, paramedics, counselors, SPs and CSPs) of their respective clinics. By end of October 2014, all of 330 clinics will have staff trained on IYCF and will be able to provide services as well as report on IYCF activities as per NHSDP indicators.

Group work during ToT on IYCF

NHSDP is complementing the GOB's effort to reduce malnutrition among vulnerable populations and thus continuing collaboration with National Nutrition Services (NNS) of IPHN. As a gesture of this effective collaborative effort, NNS provided more than 9 million Iron Folic Acid (IFA) tablets (worth BDT. 22,55,611) for free distribution to adolescent girls, pregnant and lactating women, as per the national protocol. NHSDP also distributed 16,000 Growth Monitoring and Promotion (GMP) cards and promotional posters in 17 SH clinics of three NGOs in the Feed the Future (FtF) zones. In Year-2, NHSDP actively participated in meetings of the National IYCF Alliance and Urban Nutrition Working Group organized by NNS where NHSDP's participation and proactive role was widely acknowledged. Collaboration with USAID funded Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) project is underway which would help NHSDP to reach out to more poor and to provide services as well as promote nutrition messages specially hygiene and

hand-washing. A 'Nutrition Technical Advisory Group (NTAG) was formed in Year-1 to provide technical advisory support and facilitate NHSDP's nutrition activities across the SH clinics and to achieve its' nutrition objectives. In the second year, NTAG meeting could not be held as scheduled however, the suggestions and decisions which were taken in the last meeting were incorporated into the project. Meeting for NTAG will be held in the first quarter of Year-3.

Sub IR 1.2: Strengthened partnerships and coordination with GOB authorities and other USAID-supported projects

In year two, NHSDP has given priority in establishing functional coordination with GOB, USAID and non-USAID funded projects. SH network NGOs received strategic direction on how to increase coordination with the GOB at a local level. MOHFW has formulated inter-ministerial "USAID-DFID NGO Health Service Delivery Advisory Committee" to provide strategic direction to NHSDP to accelerate the ongoing health and FP services with priority to the poor in close collaboration and coordination of Ministry of Local Government Rural Development & Cooperative (MOLGRDC), Ministry of Social Welfare (MOSW), MoWCA, Ministry of Disaster Management, Ministry of Information, MoCHT and Ministry of Youth. NHSDP will provide secretarial support. The Chief of Party of NHSDP is the member secretary of this committee. A number of existing GOB policies and guidelines on MNCAH-FP and nutrition have been collected and actions have been taken to adapt the policies and complete the Family Welfare Assistant (FWA) household register in areas not covered by FWAs.

NHSDP advisory committee approval meeting at MoHFW: chaired by Additional Secretary

NHSDP communicated with relevant persons from MOLGRDC, MOSW and Dhaka South and Dhaka North City Corporations for collaboration in order to serve the poor and vulnerable populations. A functional coordination was established with Mayer Hashi II on LARC/PM clinical training and advocacy with Marie Stopes to avoid duplication of work.

A DFID-hosted Urban Health Program Coordination Group was convened in May along with Maries Stopes Bangladesh and BRAC with Terms of Reference (TOR) to provide the strategic direction and coordination of urban health intervention

Sub IR 1.2-
- **Milestone 7:** ≥80% of clinics' staff/associated community group members participate in GOB local level planning

NHSDP has done advocacy with MIS of the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP) to incorporate the performance of SH clinic into the government MIS and they committed to take necessary action after reviewing the NHSDP's M&E system and reporting format.
In the year -1, under guidance of NHSDP NGOs prepared the clinic-based community maps to identify opportunities to increase coverage and services through SH clinics. The community mapping exercise was an important step to mobilize the community as well as extract information essential for planning activities for ESP interventions and the implementation of those;
In this year, NGOs as well as individual SH clinics have developed an annual work plan involving local health and family planning officials. As there was a deliverable for this activity, clinics' staff/ associated community group members participated in GOB local-level planning of the government, especially for FP & EPI activities. Clinic-wise progress reports are regularly submitted to the local government authorities. NHSDP has provided technical support to the national and local level health and FP authorities to ensure

timely and sustainable supply of FP and EPI commodities/vaccine to the SH clinics. NHSDP has provided strategic direction and guidelines to the NGOs on effective observation of international and national days such as World Health Day, World Population Day, NID, Safe Motherhood Day, etc.

In collaboration with MOHFW, Demand Side Financing (DSF)'s maternal health voucher program currently implemented in 53 upazilas, NHSDP was able to enroll 10 SH clinics in 10 upazilas. NHSDP advocated with Director, PHC & LD-MNCAH of DGHS to enroll more SH clinics in the DSF program. The director already instructed seven Civil Surgeon to the SH clinics and recommend the clinics on certain criteria intending to include the clinics in the DSF program. The process of Civil Surgeon visits is ongoing.

Through the effective coordination and advocacy of NHSDP, the NNS section of DGHS has allocated more than 0.9 million tablets of IFA to distribute to poor and vulnerable adolescents and pregnant and lactating mothers. The MCH section of DGFP also allocated about 100,000 tablets of Misoprostol to prevent PPH for home level delivery though SH clinics free of cost. The govt. allocated the tablet due to NHSDP's good reputation, and realized that SH clinics have a remarkable supplementary contribution to the govt. ongoing Health, Population & Nutrition Sector Development Program, 2011-2016.

Enhancing Partnerships and Linkages with other USAID-supported projects

To enhance partnerships and linkages with other USAID-supported projecst, NHSDP signed MOUs with USAID's Strengthening Democratic Local Governance (SDLG) in March 2014; Save the Children's Saving Newborn Lives program in August 2014; and Plan International's Protecting Human Rights Program in June 2014. Two batches of ToT on IYCF were conducted as part of a collaboration with Concern Worldwide Bangladesh. Comprehensive newborn care training was given to SH service providers with technical support from Saving Newborn Lives. Further, NHSDP, in collaboration with Protecting Human Rights, Plan International Bangladesh, will support (through the SH clinic network) the GBV survivors by ensuring proper screening, counseling and referrals to legal aid. *Refer to Section III Cooperation and Collaboration with Other USAID and Non-USAID Funded Activities for more details.*

Sub IR 1.3: Enhanced sustainability of ESP delivery through innovative financing structures

In Year 2, NHSDP achieved 32% cost recovery on an aggregate level across all NGO. NHSDP submitted the draft business plan format for NHSDP NGOs to USAID for consideration. In addition, NHSDP presented the draft version of the business plan at a workshop to all SH NGOs. After the workshop, two NGOs completed the business plans and are currently being finalized. Based on these first two plans, the template will be finalized and presented in a workshop where the NGOs will have a chance to go over the template in detail and learn how to best complete it for their respective NGOs; they can then use that knowledge to complete one for their clinics. In 2015, NHSDP will offer additional technical assistance to NGOs to develop the plan via workshops and technical assistance as needed.

Feasibility study on Provider-based Prepayment Scheme (PBPS)

In order to support Health Financing and Governance (HFG) Project, NHSDP Finance Sustainability Team (FST) is working closely with HFG. FST identified three potential NGOs from the network, to conduct feasibility study on PBPSs. They called two meetings with HFG and USAID staff- one meeting combining HFG and identified NGO staff, and one meeting with the NGO staff only. FST conducted a workshop with the three identified NGOs on writing letters of interest and is currently reviewing the letters of interest from the three identified NGOs. After the first review, the letters will be submitted to HFG.

The project's Financial Sustainability Team conducted a workshop titled "Consultative Workshop on Program Income Enhancement Strategies for SH NGOs". As a follow up, a workshop report containing the research findings, workshop group exercise discussions and program income enhancement strategies will be disseminated to the NGOs for consideration and implementation.

Research at NHSDP

As for the research work, a cost-efficiency study will be conducted by Brandeis University (once approval is received); for the Customer Satisfaction study, the award was provided to The Nielson Company (Bangladesh) Limited. NHSDP made a self-assessment tool for clinic pharmacies and conducted a situation assessment of the existing drug sale corner at all 330 clinics. The assessment was performed to understand the current status and to explore the possibilities of revitalizing and repositioning of existing pharmacies for maximum effectiveness as a source of program income for the SH network. Based on the data analysis, it is obvious that visibility from outside, having a pharmacy license, catering to outside customers, extended opening hours, and having pharmacists are all strongly correlated to increased program income. The following table presents the status of the planned studies of NHSDP. The Financial Sustainability Team is working with the Capacity Building Taskforce to provide technical assistance to NGOs to strengthen their internal control systems. The updated system will equip the NGOs to plan, manage and report on various types of funding, including program income efficiently.

Study /Assessment	Progress Status
ESP Costing Study	Brandeis University is the lead for this study. The study will begin once their subcontract is finalized. Brandeis has modified their SOW and, proposal for costing to fulfill the updated requirements of USAID and NHSDP. They submitted their concept note to USAID around September 20, 2014. Again pending USAID approval.
Customer Satisfaction study within Surjer Hashi	After getting USAID approval, a task order was provided to Nielson for conducting the study. After training the field investigator, the data collection has since started. The study will be completed by December 2014.
Situation analysis/self-assessment of Existing SH pharmacy network.	Based on the data analysis, it is obvious that visibility from outside, having a pharmacy license, catering to outside customers, extended opening hours, and having pharmacy certified staff are all strongly correlated to increasing program income from these outlets.
Lab data compilation for self-assessment/Situation of existing SH Network	Based on the data analysis, it is obvious that visibility from outside, having a lab license, catering to outside customers, extended opening hours are all strongly correlated to increasing program income from these outlets.
Market survey using Discrete Choice Experiment (DCE)	JPGPHS of BRAC University is conducting the study with an objective to identify which health service attributes are most likely to influence demand for services for NHSDP NGOs in order to maximize client inflow. Expert interviews, focus group discussions and field level data collections are completed. Data analysis is going on.

Internal Control Systems of partner NGOs

An effective internal control system establishment in NHSDP partner NGOs regarding planning, managing and reporting on funding is one of the areas where the NGOs need assistance and guidance to make it effective.

With an aim to achieve this milestone to improve the internal control systems in place over planning, managing and reporting on various types of funding (i.e. Grants, Program Income, Revolving Drug Funds and Others), NHSDP initiated the evaluation of existing internal controls through field verifications in selected different cost centers of the partner NGOs. The information gathered from this evaluation, along with prior observations from audits and financial monitoring, was then transformed into a framework of controls. The framework contains guidelines and targets to achieve a standard control in general and is intended to improve the weak areas observed in planning, management and reporting stages of various funding, including the Program Income. This framework was submitted to USAID. Later on, an Internal Control Checklist will be issued to partner NGOs for regular submission to NHSDP in order to monitor the overall controls in a dynamic manner.

Under Sub IR 1.3 -
- **Milestone 5:** ≥30% of costs recovered through program income and other sources (e.g. leveraging, donations, grants) within 2 years of an award
- **Milestone 4:** NGO partner internal control systems established to plan, manage and report on various types of funding, including program income within 1 year of an award

New Business Initiatives: The Pharmacy Network
One of the mandates of NHSDP is to assist NGOs sustain ESP delivery through generating new income funding streams. Year 2 of the project started the implementation of the first round of pharmacies. The simultaneous activities are assisting the NGOs achieve licensing, helping the NGOs select optimal locations for the pharmacies, establishing interior design and decoration, and branding and promotion strategies.

Corporate Partnerships (Milestone 31: Strategic partnerships with key corporate partners established)
Partnership with corporate bodies is one of the strategic collaboration categories under NHSDP, in addition to collaboration with USAID and non-USAID projects, and collaborations with the government and its agencies. The mission of corporate partnerships is to establish and strengthen strategic partnership with for-profit private sector and multinational companies, for leveraging financial and non-financial support for Surjer Hashi NGOs. For this milestone, NHSDP developed a strategy paper on Corporate Partnership. In addition, corporate social responsibility proposal writing will be included in an upcoming workshop with cross cutting activities with the capacity building team.

NHSDP negotiated with two additional pharmaceutical companies (EsKayEf and General Pharmaceuticals) and succeeded in getting very special prices for NGOs to purchase. This brings the total of MOUs with pharmaceutical companies to twelve. Further, the project is exploring possible collaboration with ACI toiletries on WASH activities and linking the NGOs CSPs.

IR 2: Optimal Healthy Behavior Promoted

NHSDP envisions an empowered community with household level knowledge to practice model health behavior facilitated by the Surjer Hashi service delivery network. This promotes improved healthy behaviors and care seeking practices through behavior change communication/knowledge management and engaging community in promotion of healthy behaviors and care seeking practices.

Sub IR 2.1 Healthy behaviors and care seeking practices improved through behavior change communication and knowledge management

NHSDP has implemented key interventions during the second year of the project including theme based BCC interventions; knowledge and skill development trainings on interpersonal communication and counseling (IPC/C) and BCC and Community Mobilization (CM) training; development of BCC and Knowledge Management (KM) Strategy to facilitate and sustain behavior change communication interventions at the national, regional and local levels.

Media advocacy initiatives were undertaken to highlight SH clinics' success stories through print and electronic media. Repositioning the SH brand name and logo with a tagline was finalized and executed to enhance the image and credibility of network clinics.

Under Sub IR 2.1, following milestones and deliverables were achieved,

- ≥80% of clinics have at least one service provider trained in IPC-C to include BCC messages while counseling on ESP interventions
- ≥80% of clinics implement monitoring systems (e.g. mystery client) to assess quality of counseling services.

Following activities were implemented to achieve the above milestones:

- Provided ToT on IPC/C to 669 Clinic Managers, Counselors and NGO HQ representatives of 329 SH clinics that will cover rest of the clinic staffs and CSP eventually through cascaded training approach.
- To assess the capacity of disseminating BCC message effectively during counseling on ESP interventions, following methods were applied during IPC/C ToT:
    - *Conducted role-play sessions to identify gaps in effective counseling*
    - *Used checklist to learn Dos and Don'ts for practicing effective counseling*
    - *Helped them to minimize gaps while counseling the customers*
    - *Conducted practice sessions to overcome lapses and generate confidence among the trainees*
    - *Enhanced capacities of Clinic Managers and Counselors on quality counseling to provide need based TA to rest of the clinic staff*
- To assess quality of counseling the 'Mystery Client' concept has been developed
- To implement a monitoring system among the clinics, the following activities were conducted as an integral part of training:
    - *Assessed counseling knowledge by using training needs assessment tool*
    - *Mystery client concept developed and shared with the NGO PDs*
    - *Counselling knowledge assessed by using pre-test and post-test questionnaire to assess counseling gaps*
    - *Training results were shared with the NGOs so that they can develop further capacity*
    - *Communicating with the NGOs to ascertain whether the cascaded model of trainings are accomplished as planned*
    - *BCC outreach monitoring tool has been developed and shared with the NGO PDs*
    - *Training follow-up tool has been developed and shared with the NGO PDs.*

Other activities:

- **Production and distribution of different types of BCC materials:** Through a systematic message design workshop alongside conducting methodical BCC materials needs assessment, different types of BCC materials have been developed and distributed to all SH clinics. This includes new BCC materials (ANC folder, Ludo for spousal communication, IYCF calendar and skin-to-skin care card), and five Bangladesh Communication Working Group (BCWG) identified BCC materials (LAPM brochure, five danger sign card, ANC poster, Poster on Diarrhea and integrated management of childhood illness card).

  Prior to finalizing new BCC materials along with the new TVC for NHSDP, necessary approvals were received from the IEC Technical Committee of the Ministry of Health and Family Welfare (MOHFW). The committee recommended inserting the GOB logo in all NHSDP communication materials.
- **Developed BCC materials user guideline:** The BCC material usage guideline was developed and sent to all SH clinics to ensure effective and efficient utilization and handling of all BCC materials during counseling to community members.

- **Airing of adapted TV spot on electronic media:** The adapted TV spot for NHSDP was aired on Channel-i during the super-peak hours that ensured optimum viewership and exposure to communication.
- **Production of new TV spot and Radio spots:** NHSDP has produced and received USAID approval for a new TV spot of 60 seconds duration on SH clinic service promotion as part of the mass media campaign. Following the same concept of the TV spot, a 60 seconds radio spot has been produced to broadcast on radio.

Implementing new USAID-DFID Branding and Marking policy:

Changed Smiling Sun brand name and tagline: NHSDP has finalized the new Branding and Marking Policy of USAID-DFID NHSDP and also repositioned SH Brand.

Placement and positioning of Logos of USAID and DFID: Based on USAID-DFID Branding and Marking Plan, the logo placement and proportions of USAID, DFID and implementing NGOs logos are set for displaying in communication materials and 25 communication materials received approval from USAID.

Other clinic level activities include:

- Developed designs of signboard and banners for static and satellite clinics
- Developed database of the participants about their performances during the IPC-C ToT
- Developed IPC-C training monitoring tools
- Organized workshop to share BCC monitoring tool.

Training Needs Assessment and BCC and CM trainings for the SH clinic staff
In order to provide training in BCC and CM for the Service Promoters and the Clinic Managers, first a structured Training Needs Assessment tool was developed to conduct an assessment for determining current knowledge and needs of the SP and CM based on which a comprehensive training curriculum has been developed. This curriculum has been pretested and now regular batches of training are planned.

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Saving pregnant mother: red flag approach

"When I was pregnant the second time, ... They hung a red flag atop my house so that everybody could see and understand the need to help pregnant mothers like me."
- Morium Bibi

Partnership with the TV Channel-i: On Channel-i, NHSDP was highlighted on Adolescent Sexual Reproductive Health based TV Magazine Program called 'Shorno Kishori'. Twenty-six episodes were aired on Channel-i and through this MOU based partnership; NHSDP gave technical support in program content and facilitated access to SH clinics for filming the TV spot.

Media advocacy initiative: NHSDP worked closely with journalists for highlighting NHSDP success stories. A number of USAID-DFID NHSDP activities were featured on national print and electronic media. Following are details of events that received media coverage:

- The USAID-DFID NHSDP re-launching program was highlighted through eight electronic and six print media.
- NHSDP success stories about SH clinics service delivery in hard to reach areas and contributions in increasing facility based delivery were published as special features on the daily Independent's weekly health magazine called 'The Stethoscope' and in one another national daily titled Daily Sangbad.

Introducing e-health and e-learning toolkit through net books
NHSDP has received 300 netbooks equipped with e-toolkit and e-learning courses from BKMI and they were sent to 300 SH clinics. To

utilize the e-toolkit and e-learning courses effectively through the outreach workers, a learning session on both topics is incorporated in BCC and CM training course.

SH Clinics awarded during the observance of World Population Day

To recognize NGO contributions in the field of health and population, the Government of Bangladesh awarded 250 clinics out of 330 SH Clinics (76%) during the World Population Day 2014 in different categories starting from national to upazilla levels. Clinics received awards for the following: To strengthen links between the government and NGOs/clinics through facility-based BCC activities at the local levels, NHSDP had provided theme based day observation guidelines and technical assistance. Example includes World Population Day (WPD) activities with GoB, the Safe Motherhood Day organized by Channel-i etc.

Participating in the BCWG and other BCC forum regularly

NHSDP is coordinating and maintaining their stake with BCWG. In addition to harnessing with BCWG, NHSDP has ensured their participation in BCWG and other BCC forums' activities regularly to facilitate securing a reciprocal benefit for the project.

IR 2.2: Communities are actively engaged in promotion of healthy behaviors and care seeking practices

Revised SHCSG Guideline: During the reporting period Surjer Hashi Health Group (SHHG) structure and functions, both in the urban and rural areas was reviewed and assessed. This was done through a number of discussions with Project Directors (PD) Clinic Managers (CM), Service Promoters (SPs) and focus group discussions with existing SHHG members. Based on findings of the review detailed TOR, SHCSG's purpose, the composition of SHCSG ensuring representation of both women and poor, how SHCSG will function and, process of formation has been developed. A module for the orientation of different categories of staff was also developed.

A concept paper with questions has been developed to evaluate clients' experience at SH service delivery points. The existing system of getting clients' opinion through a comments box in the clinic will supplement to evaluate clients' experiences on the services they received from SH clinics. Within the reporting period, NHSDP provided an orientation to 80 NGO and clinic staff (26 PD, 26 CM, 26 SP and two Monitoring Officers) on roles, responsibilities and how to reform SHCSG. The table below shows achievements of the orientation conducted on SHCSG guideline for NGO PDs, CMs and SPs:

Staff at clinic level oriented on the guideline of SHCSG	SHCSG revitalized as per the revised guideline	No. of Meetings of SHCSG held during Year-2
4,083 (SP & CSP)	7,581 SHCSGs have been formed	8,678 SHCSG meetings held during reporting period

SHCSG Meeting: To engage various communities and social groups to promote service use, SHCSG held a meeting on monthly basis. During monthly meetings of SHCSG, the following issues were commonly discussed:

- Assist in identification of poorest of the poor and poor families in the catchment areas;

- Identify pregnant women with support from CSP;
- Motivate the family members of the pregnant women to allow her to visit the static or satellite clinic for antenatal checkups;
- Maintain regular contact the pregnant women to be appraised about her well-being;
- Support and participate in observance of National and International Day observance;

In addition to these, NHSDP has taken on some initiatives to engage community with SH Clinics to improve the health status of the community through the support group, where their active participation is desired.

Milestones to Achieve Under Sub IR 2.2 (Within 3 years of the award)
- **Milestone 1:** ≥90% of targeted communities report increased satisfaction with NGO clinic services
- **Milestone 2**: ≥90% of clinics are linked with community groups that participate in health planning & mobilization activities
- **Milestone 3:** ≥90% of communities served by clinics supported by groups of mobilized local influential stakeholders

Red Flag: The main purpose of hoisting the *Red Flag* is to make the community aware that a woman of their community is pregnant, and to have them remain alert for any assistance required by them during any period of the pregnancy, mainly after 28 weeks of pregnancy, when there is chance pregnancy-related complication. The hoisting of Red Flag was initiated by FDSR, one of the SH NGOs. With its success, later, NHSDP has prepared a guideline on Red Flag Hoisting and shared with other NGOs for replication where feasible.

Courtyard Meeting: SHCSG helps CSP to organize courtyard meetings in the community. The issues generally discussed in the courtyard meeting are:
- Use of Family Planning methods for birth spacing
- Nutrition and hygiene practices
- Maternal Health and Adolescent related issues
- Three Days Vigilance

Emergency Transportation Plan: The SHCSG identifies pregnant women in their locality and assists the family members of the pregnant women with an emergency transportation plan by informing them of the nearest health facility in case of any emergency and the available means of transport to reach the health facility and cost involved. SHCSG members can also link family members up with owners of the available transport so that they use the service when required.

During the reporting period, 80% of the SH clinics prepared an emergency transport plan for pregnant women, with help of SHCSG and CSP so that they can use it during any emergency. SHCSG members can also provide the contact mobile phone numbers of transport owners to call them in case of emergency. They may also communicate with the SH clinic before reaching there so that they are prepared.

Clinic-wise Plan of Action: In line with the Community Mobilization Strategy, a Manual on Community Mobilization has been drafted, where a number of mobilization activities have been illustrated. Before drafting the Community Mobilization Manual, numbers of consultation meetings were conducted with community groups, groups under CARE's community support system model, and NGO staffs to have a better understanding of the barriers faced by the poor communities and to develop appropriate mobilization/outreach strategies.

This manual has two parts; one for SHCSG formed at static clinic level and the other is SHCSG formed at a satellite clinic. The manual describes how SHCSG will conduct community meetings, review, analyze and update Community Maps (at static Clinic and satellite level), prepare Community Action Plans and implement community mobilization related activities at the community level. After revitalizing SHCSG and convening regular meetings of SHCSG, the total number of service contracts has been increased. The table below shows a signification improvement of involving support groups in meeting at static and satellite clinics.

Year	Average Quarterly Service Contact	In Rural	%	In Urban	%
April-September 2013	17,860,107	11,051,834	62%	6,808,273	38%
March-August 2014	19,314,459	12,554,398	65%	6,760,061	35%

The data in the table above shows an 8% increase in the overall SH Clinics. An orientation on community mobilization following the manual has been conducted with five clinic managers and a monitoring officer of FDSR (an SH NGO) at its head office. After the orientation, Clinic Managers will discuss with their staff and prepar an action plan to implement the community mobilization activities in five clinics following the manual. NHSDP has a plan to conduct an orientation for 10 NGOs within December 2014.

Revision and Finalization of Job Description of Clinic Managers and other staff at clinic
According to the community mobilization manual, the job descriptions of Clinic Manager, Service Promoters and Community Service Providers have been revised in relation to implement community mobilization activities. In addition, a half day training module on community mobilization has been developed, and one batch training for CMs and SPs has been conducted on a pilot basis. Based on the experience of the pilot batch, the module has been finalized to conduct training for the remaining batches of clinic level staff (SPs and CSPs). All of these activities have given momentum towards revitalizing the SHCSGs. Additionally, roles and responsibilities of the Service Promoters have been analyzed, and opportunities are being explored through a self-assessment tool to involve them in revitalizing SHCSGs.

Module for Orientation to SHCSG Leaders: A day long orientation module was developed to orient SHCSG leaders for their effective involvement. How the SHCSG leaders will organize community meetings, conduct mobilization activities, mobilize resources, disseminate information among the community, and support in the identification of poor and poorest of the poor families in the community have been included as learning contents of the module.

Mobilize Community Resources for Adolescent
During the reporting period, NGOs conducted orientation for the Teachers, School Management Committee members and parents on adolescent issues. Community maps help to identify the location of schools and teachers in the community. As a result of the orientation, an enabling environment was created at schools for the teacher to organize activities. As a result, the following activities have been conducted at schools: Tetanus Toxoid vaccination, Blood grouping, and an awareness session on nutrition and hygiene

Family Planning (FP)
To involve the community in FP promotion, CSPs conduct courtyard meetings in communities to disseminate information on FP and nutrition related services n and provided services on maternal health, ENC, and PNC at satellite/static clinics. In addition to this, CSPs also visited houses with representatives of SHCSG members, especially the houses with pregnant women. During house visits, CSPs met mothers-in-law and discussed family planning and newborn care issues.

Urban Health:
During the reporting period, an MOU was signed with USAID funded SDLG in increasing coordination with selected urban governance bodies to improve urban health governance and provide necessary services. Under this MOU, some initiatives have been undertaken in four unions of Hazigonj Upazila and Municipality. The initiatives were to attend meetings of the Health & Family Planning Standing Committee and discuss health related services provided from SH clinics for the poor and poorest of the poor families. This collaboration facilitated the mobilization of different committees of Local Government.

Community Mobilization in Urban areas by Service Promoter
In urban areas, Service Promoters play an important role to form SHCSGs and mobilize other groups along with the community at large. The Service Promoters mobilized the underserved populations, i.e., Rickshaw-pullers, constructions workers, garment-workers, elderly women, adolescents, etc. They used interpersonal skills and creative approaches to accomplish this.

The Service Promoters visited slums and identified poor and poorest of the poor going door-to-door. The Service Promoters gave them the same light blue card. If people are not in the room/house, they left a leaflet and their name and phone number. Then they noted the address and logged it in the office log book, so that there was a record. Some clinics have a 'poor-fund' from zakat money, from where they give the poor customers money to buy medicines. The Service Promoters received the family registration book from NGOs' registration books. Some clinics log in the information from the family register and then sent the original register to the local FP office.

Approaching Adolescents in Urban
Monthly meetings with school teachers with clinic managers, doctors; visits to school by SP and paramedics with support from SHCSG. They visited door-to-door, listed the number of adolescents in each household, and talked to them about health, hygiene and the special needs of adolescents. They also talked about the health risks of unwanted/early pregnancies and early marriage.

During the implementation of community mobilization activities, the following challenges were encountered:

- To make SHCSG active to mobilize the community.
- To ensure active participation of all SHCSG members during the monthly meetings as their level of education and understanding are not equal.
- To ensure the presence of all members in the monthly meeting, to continue the identified activities after phase out of the SDLG program, to engage them in referring patients to the clinics, and to involves them in organizing emergency transport during an emergency of any patient in their communities.

IR 3: Local Ownership of Service Delivery Enhanced

NHSDP, during its five year implementation period of 2012 – 2017, is mandated to give greater emphasis to increasing sustainability and local ownership of quality ESP delivery. To achieve this, the NHSDP institutional strengthening (IS) team has been working with NGOs to establish IS roadmaps with clearly defined IS benchmarks, designed to improve NGO sustainability by strengthening key institutional, programmatic, and financial systems and mechanisms. Within these areas, NHSDP will give particular attention to the issues of governance, management practice, human resources, customer focus, external relation, service quality, financial management, cost consciousness, and revenue stability. These areas

Under Sub IR 3.1 -
- *Milestone 1: Achieved*
- *Milestone 2: Achieved*
- **Milestone 3:** All NGO partner achieve at least 90% of capacity building benchmarks identified in roadmaps (by end of contract)

Under Sub IR 3.2 -
- *Milestone 1: Achieved*
- *Milestone 2: Achieved*
- **Milestone 3:** Up to two local partners successfully complete a pre-award assessment making them eligible to receive directs grants from USAID (by end of contract)

have been identified as of particular significance toward the goal of achieving overall NGO ownership and sustainability.

Regarding management, the Director Capacity Building /HSS resigned from NHSDP on personal grounds and the hiring of a new director is in process. To support SH NGOs in the area of human resource and finance, NHSDP recruited a Finance and HR development Manager from October 2014.

Sub IR 3.1: Institutional capacity of all NGO partners strengthened

In the reporting year, under IR 3.1 the IS team mostly engaged in capacity building initiatives which built on the project's achievements from first year. These accomplishments include preparation of Technical Assistance Plan, Capacity Building Strategy development, formation and operational of Training and Capacity Building Taskforce, Training Delivery Strategy development, survey of Compensation and Staff Retention, Roadmap Progress Review of SH NGOs and MOCAT assessment of SH NGOs. Training on "Governance, Leadership and Management" was organized in the reporting year for all NGOs. Additionally, Finance and Operation team conducted combined package training for all NGOs on Financial Management, Procurement, OMB A-122 circular, Shared Cost, Financial and HR Manuals & Internal Control system.

Development of Technical Assistance (TA) Plan across all IR and Defining Teams of NHSDP
The IS team facilitated the development of an integrated TA plan across all IRs to implement the customized Roadmap for each SH NGO and link institutional benchmarks to preset project milestone. The process was initiated with a sharing session of baseline findings with all teams of NHSDP. The sharing session was facilitated by Program Director of Pathfinder International Dr. Kimberly Waller. Findings were classified by participants of the sessions and teams were named to address each class of capacity gaps. All team inputs were presented in another session where coordination and fine tuning done by the NHSDP senior management team. The IS team compiled all the inputs in a common framework and developed an integrated TA plan across all IRs to better coordinate training and capacity building.

Capacity Building Strategy (CBS) for SH NGOs
The IS team developed a capacity building strategy (CBS) for SH NGOs to formulate a process-oriented capacity building outline to be followed by each NGO. The drafting process began with a review of relevant documents: baseline and customized roadmap, NHSDP technical proposal, SH NGO constitutions, and CB strategies of other development partners. The CBS focuses on the process of strategy development, CB framework, key interventions, service delivery network, four dimensions of NGO performance, risk analysis, and post exit situation. The CBS was shared with all teams of NHSDP and Pathfinder headquarters for review and feedback. The final CBS was shared to USAID on 13 Feb 2014.

Training and Capacity Building Taskforce (TCBT)
The IS team organized and formed the Training and Capacity Building Taskforce (TCBT) in line with the technical proposal and in consultation with senior management of NHSDP. The prime objective of the Training and Capacity Building Taskforce is to ensure guidance in the capacity building process of SH NGOs, to coordinate cross-project efforts around NGO training and support, and to monitor project progress in respect to performance milestones and benchmarks. The taskforce is contributing to improving service delivery capacity of SH NGOs, ensuring quality, gender sensitivity, reaching the poor and underserved communities. TCBT meetings are conducted monthly or on an as needed basis.

Training Delivery Strategy (TDS)
The IS team, as a part of the TCBT, developed a training delivery strategy (TDS) as per the decision of first TCBT meeting. The TDS will cover 11 capacity areas related to SH NGOs, identified during baseline capacity analysis. The areas of training are NGO governance, management practice, human resources, customer focus, service quality, external relation, program management and monitoring, revenue stability, cost consciousness, financial management, and gender. The TDS will focus on priority issues to address in

training, meaning that all areas require training intervention already identified in the customized roadmap. The TDS has incorporated four approaches of training: cascade method, using regional Base (technical sub-station), back-to-back linkage, and tailor-made training. This strategy was shared with USAID in February 2014.

Compensation Structure and Staff Retention Strategy

The IS team has completed a study on compensation structure for SH NGOs. Six comparable organizations were selected for the study to compare the compensation package with NHSDP SH NGOs. The six organizations are: Marie Stopes, Sajida Foundation, SMC, CARE Bangladesh, Family Planning Association of Bangladesh (FPAB), and BRAC. The study included a comparison in salary and benefit packages between the selected organizations and NHSDP SH NGOs. The study recommended reviewing and revising the compensation structure of NHSDP SH NGOs and aligning with the other sector players to have a level of similarity. Key findings of the report are:

NHSDP compensation structure is based on basic salary and other salary components, namely house rent, medical, conveyance, and bonus. While the six comparison organizations have these four elements, they also have two additional types of benefits: Gratuity and Provident fund

The comparison organizations have a number of other benefits like telephone, internet, insurance, leave encashment, pick & drop service, overtime, savings schemes, loan scheme, subsidized food, higher study scheme, performance bonus, and non-practicing allowance for medical doctors.

NHSDP don't have job grade or uniform annual increment system. Some increments are given, though they are often small.

Another survey was completed for developing a staff retention strategy of SH Network NGOs. The IS team conducted the survey through sampling 13 SH NGOs out of 26. Key findings of the report are:

In one year (July 2012 to June 2013), a total of 538 employees had left from 26 NGOs and 327 clinics. Out of this, 418 persons from clinics and 120 from NGO head offices.

Maximum persons separated from clinics were paramedics (100 persons) followed by medical officers (81), service promoters (71), clinic managers (37), clinic assistants (28), counselors (26), lab technicians (20), and others including pharmacist (55).

From NGO head offices, maximum persons left were security guards (55) followed by admin assistants (41), drivers (7), project directors (4), FAM (3), messengers (3), monitoring officers (2), and others (4)

The critical fact, as has been pointed out, is that 41% staffs and employees left their job within one year of being hired. In addition, 21% left between 1 and 2 years. Therefore, a total of 62% left within 2 years.

88% staffs and employees received no promotion while only 1% received one and 1% got three promotions in their career in the NGO where they worked for a considerable period.

The report also highlighted in detail why most of the staffs left the NGOs with field findings and observations. NHSDP IS team is now moving ahead to develop a staff retention strategy for the SH NGOs and will provide TA on developing/updating organization level HR and Finance Policy. The newly recruited HR and Finance Development Manager is leading the initiative.

Roadmap Orientation to SH NGOs

IS team reviewed the IS roadmap implementation progress of all SH NGOs based on the customized roadmaps developed earlier in the project NGO EC members, senior management staff, and representatives from clinic level staff participated in the review. The review revealed that involvement of all NHSDP teams is needed to successfully implement the integrated TA plan and achieve the roadmap benchmarks. Each SH NGO identified areas of actions that can be implemented within the organization. The roadmap review updated by the IS team listed eleven capacity areas for follow up on the achievement of benchmarks. During the reporting quarter, NHSDP Training and Capacity Building Taskforce (TCBT) conducted two meetings where all team members and SMT representatives were present. TCBT meeting is following up the progress of TA plan for NGOs and working to introduce an integrated training calendar for NHSDP.

Revision and Orientation of MOCAT (Modified Organizational Capacity Assessment Tool)
The IS team, with STTA support from Pathfinder International headquarters, revised the MOCAT and adopted the revised tool for use in assessment. Specifically, the tool was revised by expanding capacity areas in the MOCAT used during NSDP period. The revised version includes new sections on project management and monitoring and integrates gender issues across more sections of the tool. The draft tool was shared with all NHSDP teams and SMT before finalization. The new tool comprises 10 capacity areas (including gender as a cross-cutting theme) and 33 sub-capacity areas with a four point rating scale. The revised tool was tested at four SH national NGOs before finalization. The tool was also shared with a select SH NGOs and incorporated input they provided.

MOCAT Assessment
During the reporting period, MOCAT assessments were conducted for all 26 SH NGOs. The assessment process included orientation on MOCAT, discussion with EC and NGO SMT on different capacity areas, collection of related information and documents, discussions with clinic level staff, discussion with CSPs and SHCSG members/community. Some of the key findings of the assessment, which cut across multiple NGOs, are:

- Lack of institutional structure and prominence of project structure which in other terms limiting the scope of sustainability
- Technical staff turnover is higher in some of the clinics as per MOCAT assessment to date
- Division of powers not clear between EC and NGO management team
- Absence of organizational policy, procedure and systems rather dependency on donor policy and systems
- Non-transparent sliding fees mechanism which affecting the ultimate cost recovery and internal financial control
- Not having clear vision, mission statement, and value code for organizational development
- Financial record keeping system is manual and cash basis
- Inadequate internal control and monitoring mechanism
- Demotivated workforce due to long term service and low benefit package
- Strong need for establishing core systems within the organization
- Need to set up strategic directions for organization
- During the MOCAT assessment, the IS team visited 51 static clinics and 22 satellite clinics of twenty-six SH NGOs to capture the capacity gaps at provider level and status of service delivery mechanism.

Training on Governance, Management and Leadership
The IS team organized training on Governance, Leadership and Management for Executive Committee (EC) Members and NGO Management staff. The training was provided in two batches covering all 26 SH NGOs. This training was a part of the Integrated Technical Assistance (TA) plan developed by all teams of NHSDP. The training was implemented with STTA support from Pathfinder International. Two trainers from Pathfinder Egypt, Mohammed Abou Nar and Dr. Gamal El Khatib, provided the STTA. Participants included EC members, executive directors, project directors, and NGO contact persons. The training focused on work climate and human capacity, leadership and management traits, process management, behavior and trust, and crisis management. The training participants will develop individual action plans on governance and leadership and will start implementation with TA from NHSDP. The training venue was Bangladesh Bureau of Statistics (BBS) and duration was from 19-22 May 2014 with first batch from 19-20 May and second batch from 21-22 May 2014. IS team provided technical assistance to all NGOs to develop an action plan and 13 NGOs have developed the plan and others are in process of development. According to the action plan of NGOs, NHSDP IS team will provide support on developing conflict of interest policy and succession plan.

Training on Finance and Operation

The Finance and Operation team as part of capacity building initiative conducted a two-day training on Finance and Operation for SH NGOs on 14-15 July 2014 in Dhaka. The training contents include Financial Management, Procurement, OMB A-122 Circular, Finance and HR manuals and Internal Control. Participants of the training were PD and FAM. Total 52 persons attended the training from SH NGOs. Main objective was to increase the efficiency of Management Staffs of SH NGOs and contribute in system improvement of NGOs. Training facilitation was led by DCOP (Fin & Op) along with operation and grants staffs. After the training, SH NGOs worked to develop their internal financial management systems, and benefitted from follow up conducted by finance & operation and IS staff.

Upcoming activities under Sub IR 3.1 include:

- Assist NGOs to develop and operationalize staff retention strategies including financial and non-financial strategies (technical assistance mode)
- Review functionality of NGO IS team and status of capacity building roadmap
- Assist ten selected NGOs on strategic plan development (including vision, mission, and value statement formulation)
- Training on new projects and corporate social responsibility proposal writing including project logical framework
- NGO-level workshop on identification and leveraging of local income options (TA mode)
- Training on organizational monitoring framework development for 10 NGOs
- Technical assistance to review and update operational NGO HR policies including updated organizational structure and appropriate gender-related policy items
- MOCAT assessment of NGOs
- Technical assistance to 10 NGOs on updating organizational financial manual
- Continued mentoring on governance, management, and leadership

IR 3.2: Two local NGO Partner transitioned for direct USAID grantees

Under IR 3.2 Transition Plan developed for the two potential transitioning NGOs to provide specific technical assistance. Two NGO received training on Managing Direct USAID Award facilitated by Senior Program Officer of PI headquarter. In addition, the two NGO received training on financial management, internal control and Procurement. A two weeklong workshop organized on RFA preparation facilitated by Capacity Building Technical Advisor of Pathfinder HQ. On-site technical assistance support on preparing conflict of interest policy and succession plan also provided.

Tailor-made Capacity Building Strategy Development for Two Selected NGOs

The two selected NGOs for direct USAID funding have to successfully pass a USAID pre-award assessment, after submitting a successful proposal, in order to be considered for direct funding. According to the technical proposal and year-2 workplan, the two NGOs have to develop tailor-made capacity building strategies with technical assistance from NHSDP. The IS team provided an orientation on capacity building strategy development to the two NGOs during roadmap orientation sessions. Both of the NGOs developed drafts following the orientation and submitted to the IS team on 31st December 2013. After review and feedback from the IS team, the capacity building strategies for both of organizations were finalized.

Simulation pre-award assessment and Transition Plan Development for Two Selected NGOs

In May 2014, NHSDP contracted with Hoda Vasi Chowdhury for the purpose of conducting a pre-award assessment with the two NGOs identified for transition, using the USAID Non-US Partner Pre-Award Survey (NUPAS) tool. The purpose for this was to orient the NGOs to the USAID pre-award process (using one of the tools that USAID may use for their own pre-award), and to identify any critical areas in need of support from NHSDP prior to their actual pre-award process later in 2014. This assessment was also able to mark the progress made by each of these NGOs since the previous assessment done, using the NUPAS tool,

during the process to select the potential transition NGOs in June 2013. From Pathfinder International, Technical Advisor for Capacity Building Julia Monaghan worked closely with the assessors during the assessment. Once these assessments were completed, the project revised the tailored transition plans that had been developed each NGO based on the gaps highlighted in the 2013 assessment. The IS team monitors the NGOs' progress on a regular basis.

One challenge encountered during this process was that the scores from the 2014 assessment were unfortunately not comparable to the scores from the 2013 assessment. This was because the project contracted with different firms do conduct the assessment, and each team took a different approach to the scoring process. This provided a critical learning experience for the NGOs – that even when using the same tool, different assessment or audit teams will have different approaches, and that this was something they would need to prepare for in future pre-award assessments.

Meeting with USAID on Two NGOs selected for Direct USAID Grantees
NHSDP's relevant staff, with participation from Pathfinder headquarters staff, participated in a meeting with USAID Bangladesh senior officials to provide an update on the process and progress of two NGOs selected for becoming direct USAID grantees on 13 February 2014. Executive committee and NMC members of PSTC and Swanirvar were also present. A number of key documents were submitted to USAID during this meeting, including, but not limited to: baseline capacity analysis of two transitioning NGOs; institutional strengthening roadmap of two transitioning NGOs; presentations on the 'Process of Identifying two local NGOs for Transition to USAID Direct Funding'; NHSDP Capacity Building Strategy for SH NGOs (draft); NHSDP Training Delivery Strategy for SH NGOs (draft); and Transition plans for two transitioning SH NGOs (drafts). Another meeting on the same issue was held at USAID Bangladesh on 13 Aug 2014 to review the progress of transition plan of the two NGOs. The USAID Mission was led by the Supervisory Contracting Officer from the office of Acquisition and Assistance. COP of NHSDP led the NHSDP team in the meeting. The meeting focused on support provided by NHSDP to the two transitioning NGOs.

Training on Managing Direct USAID Award for NHSDP Transitioning NGOs
The IS team and Finance and Operations team jointly organized training on Managing Direct USAID Award for NHSDP Transitioning NGOs. The training was attended by PSTC and Swanirvar Bangladesh NGO management staff. The training was facilitated by Senior Program Officer from Pathfinder Headquarter Jodi DiProfio, DCOP of Finance and Operations, Pathfinder International Senior Advisor Candace Lew, and Director CB/HSS. The training agenda included an overview of the essential NGO guide, different steps of pre award phase, 2 CFR 230, program start up, running an effective program, USG legislative and policy requirement for FP compliance, reporting requirements, award close out, capacity assessment, sustainability and seeking future funding. The training venue was Bangladesh Bureau of Statistics (BBS) and training duration was 27-29 April 2014. 29 participants from the two organizations attended the training. This training helped the two organizations as they consequently faced a pre award assessment after the training.

USAID RFA Preparation Workshop and Continued Support
A seven day workshop was conducted to assist the two graduating NGOs in their preparation for USAID RFA. After the RFA was released in mid-September, several meetings were held to ensure guidance and technical support for Swanirvar and PSTC. Both NHSDP staff and Pathfinder HQ staff provided valuable feedback throughout the proposal writing process.

Upcoming activities under Sub IR 3.2 include:

- Continued support for two NGOs on USAID proposal development
- Support for development and implementation of staff retention strategy
- Targeted technical assistance and mentoring to address gaps identified in transition plan
- Training on internal control and application of GAAP

- Analysis of internal control environment and direct support for strengthening systems in order to better plan, manage, and report on funding

Section II: Performance Based Grants (PBGs)

To support SH network NGOs to deliver a quality ESP and progress in each of the four dimensions of performance, the project implemented the first year of its performance-based grants (PBGs) under contract program. The grants provided funding to the current network NGOs to deliver quality services to the poor and other members of community, while receiving capacity building support from NHSDP. The first year PBGs included expansion of geographical areas through a rationalization process to provide quality services to an under-served and disadvantaged population. Prior to implementation, NHSDP conducted a post-award workshop to orient NGOs to various elements of the PBGs, including performance reduction penalties, the performance payment scheme, and the reporting and data verification process.

Traditionally, Bangladeshi NGOs have received standard cost reimbursement grants where performance was not linked with funding. The main characteristic of the NHSDP PBGs is that they are aimed at promoting a positive change in aspects of the performance of NGOs, and the payment is linked to their technical and managerial performance. NHSDP's performance-based grants approach is clearly defined and articulated in the technical application.

The performance-based grants include two types of performance indicators: 1) Quarterly System Indicators and 2) Annual Performance Indicators. NGOs receive a 1% payment reduction for each quarterly system indicator target not achieved. NGOs are awarded a 1% performance payment for reaching each of the eight Annual Performance Indicator targets. NGOs can receive an additional 2% – a total performance payment of up to 10% of their grant fund expenditure – if they meet the targets for all the annual performance indicators.

Following the grant scheme design, all of the quarterly system indicators were validated and verified by a third party entity to determine whether a penalty was imposed. The annual performance payments will be assessed and issued in the first quarter of Y3, following a data quality analysis by a third party.

During the four quarters of implementation of PBG in year 1, NHSDP has observed a true improvement in the motivation of the NGOs and ownership over their own results. The NHSDP PBGs have motivated NGOs to achieve higher service delivery indicator targets and innovate new approaches to reach adolescents and youth. NHSDP has also seen significant improvement in NGOs' system indicator management, especially the NGOs' adherence to reporting deadlines. During the transition grants phase (the first nine months of NHSDP operations – January-September 2013), during which the NGOs received standard cost-reimbursement grants, many NGOs were late in submitting their required program and financial reports. In some cases, the reports were submitted three to four months late. However, during the first year of PBG implementation, all NGOs submitted their reports within 15 days after the end of the quarter. This is a significant improvement and demonstrates that the PBGs played a significant role in NGO system strengthening.

During the first year of PBG implementation, many capacity building activities were undertaken in order to build NGOs' capacity in areas including financial management, risk management, and governance. As an example, one of the system indicators is level of effort (LOE), which was included to encourage NGOs to maintain as close to full staffing as possible in the health facilities. In order to forecast LOE, NGOs needed to learn to forecast their budgets accurately as the LOE is derived from the budget. NHSDP has gone through one budget modification, and NHSDP has seen significant improvement in most NGOs' budget forecasting, which was largely absent in the past.

In the third quarter of Y2, NHSDP began to plan for the second year of PBGs. Although the grant mechanism was working well, the project consulted with NGOs and USAID to make small improvements. The performance indicators were revised slightly to take into account the DFID modification to the NHSDP

award. Additionally, at the request of the NGOs, the performance payment will be issued quarterly instead of annually, and data quality analysis will be undertaken quarterly, as well.

Significant expansion was required as part of the DFID modification, and to that end, NHSDP led the NGOs through an expansion exercise and 'Request for Expression of Interest' process. This process allowed NHSDP to integrate an annual budget modification process with a competitive application process for geographic and service expansion. A technical evaluation committee assessed the NGOs' proposals and selected expansion that met the needs of the award within budget realities. Year 3 PBGs will begin in October 2014.

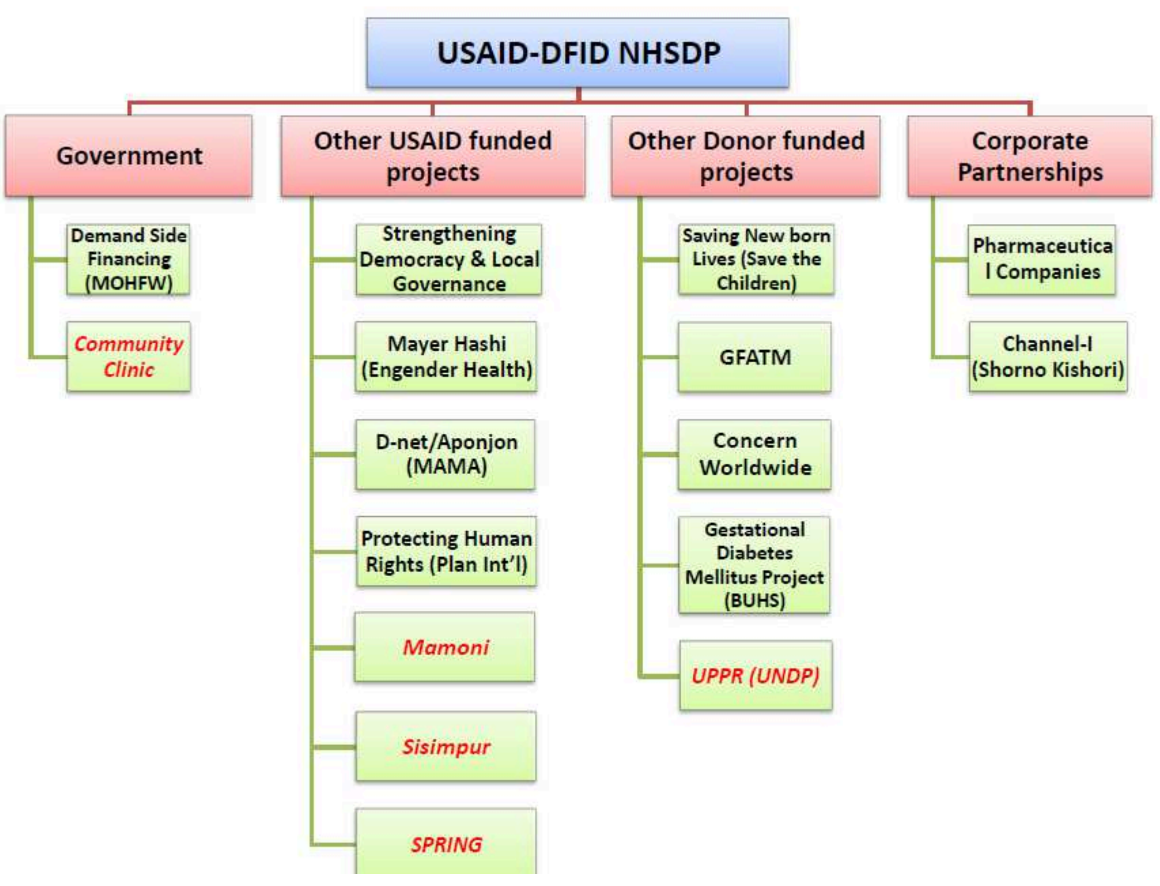
Section III: Cooperation and Collaboration with Other USAID and non-USAID Funded Activities

The project continued to make significant progress rolling out collaboration plans, establishing greater synergy, and enhancing existing linkages with key health and non-health GOB, other USAID and non-USAID funded projects and activities. The following is a summary of established as well as expected partnerships and collaborations under respective technical themes. The areas of collaboration complement the activities under each intermediate result. Three new MOUs were signed this year with USAID's Strengthening Democracy & Local Governance (SDLG); Save the Children's Saving Newborn Lives; Plan International Bangladesh's Protecting Human Rights Program; and Concern Worldwide Bangladesh. The following is a summary of the project's collaboration and partnerships to date.

	Organization/Project Name	**Area of Collaboration**	**Corresponding IR**	**Collaboration Type**	**MOU Signing Date**	**MOU End Date**
1	Bangladesh University of Health Sciences (BUHS)	Train providers on the treatment and prevention of Gestational Diabetes Mellitus	IR 1.1	Non-USAID	As per GDM project budget	
2	Revitalization of Community Health Care Initiatives in Bangladesh (Community Clinic Project)	To Increase the access to maternal health services	IR 1.1	GOB	Pending USAID Approval	
3	Concern Worldwide Bangladesh	Increase nutrition knowledge & capacity of service providers	IR 1.1	Non-USAID	28-Apr-14	31-Dec-15
4	D.Net/Aponjon (MAMA Bangladesh)	Improving Maternal and Child Health through creating demand for services	IR 1.1	USAID	7-Aug-13	30-Sep-16
5	Demand Side Financing (DSF)	Maternal Health and Poor Outreach	IR 1.1, 1.2	GOB	GOB Advocacy (Refer to Sub IR 1.2)	
6	Mayer Hashi (Engender Health)	Increase LAPM services	IR 1.1	USAID	NA	NA
7	Pharmaceuticals Companies	[See Sub IR 1.3 for details)	IR 1.3	Corporate	24-Jun-13	
8	Protecting Human Rights Program - Plan International Bangladesh	Address gender inequality in health service delivery and gender-based violence (GBV)	IR 1.1	USAID	24-Jun-14	1-Mar-17
9	Saving Newborn Lives (Save the Children)	Increasing Newborn care	IR 1.1	USAID	6-Aug-14	30-Sep-17

10	Sesame Workshop Bangladesh (Sisimpur)	Expand community outreach with use of existing SISIMPUR materials to promote health and nutrition messages	IR 2	USAID	Collaboration Underway	
11	Sharno Kishori Channel I	Increase knowledge and awareness of adolescent sexual reproductive health information	IR 2	Corporate	1-Aug-14	31-Jul-14
12	SPRING (Strengthening Partnerships, Results and Innovations in Nutrition Globally)	Improvement of nutrition in Feed the Future areas	IR 1.1	USAID	Collaboration Underway	
13	Strengthening Democracy & Local Governance (SDLG)	Enhance NHSDP's urban activities linkages	IR 1.1, 1.2	USAID	1Feb-14	31-Dec-14
14	Urban Partnerships for Poverty Reduction - UPPR (UNDP)	Expand health coverage to urban poor population	IR 1.1	Non-USAID	Pending USAID Approval	
15	Round 10 Tuberculosis Proposal Consolidated with Round 8 "Supported by GFATM: Round 10 Phase II	TB services	IR 1.1	Non-USAID	1-Jan-13	30-Jun-15

Figure 1: Partnerships and collaborations at a glance



Section IV: Monitoring and Evaluation

NHSDP adopted based strategies in the first year of its implementation (a) considering a paradigm shift to develop a new M&E system considering output and outcome of the project, and (b) increasing the capacity of NGO's monitoring staff. NHSDP will continue to strengthen the project's monitoring and evaluation (M&E) components vis-à-vis the M&E framework and activities towards building the capacity of the SH network's HMIS system, modifying selected M&E components for achievement of better results.

Indicators and Setting Targets: NHSDP reviewed and finalized the baseline data and targets for nearly 80 indicators designed to measure project performance. In addition, an indicator linked in particular to performance-based grants was incorporated into the M&E plan. Currently 43, 10 and nine indicators fall under IR1, IR2 and IR3 respectively. As a part the project's ongoing collaboration initiatives, six indicators are directly linked with the partnership with USAID/FANTA on nutrition interventions, whereas 11 are linked to performance-based grants. According to the new expansion targets, which provide a new project end date of December 2017, the M&E plan has been revised and submitted to USAID. Once finalized, this plan will incorporate new indicators for coverage on HIV, TB, Chittagong Hill Tracts and Urban Governance.

DFID Log Frame: The M&E team continues to work on the DFID log frame based on DFID's output and outcomes and those of other partners to create a common platform to finalize the indicators, targets, achievements and objectives. A follow up meeting to finalize these common indicators is planned for the early in next quarter at the DFID office with NHSDP, BRAC and Marie Stopes where NHSDP has re-defined the indicators for common review and finalization.

Monthly Statistical Reports: Monthly Statistical Reports to USAID shows results from intermediate result one (IR 1) covering 17 indicators covering service statistics from all of 26 NGOs under NHSDP support. The report reflects monthly and quarterly trend analysis of access to and use of services offered by the clinics of the SH network and shared with all the staff of NHSDP. The M&E team reviews and checks the data for quality and inconsistency and gives feedback to the NGOs.

M&E in Performance Based Grants: M&E is closely linked to the PBG planning, NGO proposal selection process, orientation on data collection system, and reporting and data verification requirements and methods. In order to review and discuss the PBG mechanism, design and corresponding RFA, NHSDP held a consultative workshop on the PBGs in July, 2013 with 26 SH Network NGOs' Project Directors, Finance and Admin Managers along with their MIS Officers. Performance indicators were carefully assessed in the proposal review process, as well as in finalizing the project proposals. The M&E Unit provided a PBG quarterly report format to NGOs and reviewed and provided feedback accordingly after receipt of PBG quarterly report from the NGOs before the date of submission. Based on the recent contract modification for DFID add-on, NHSDP revised the project's targets for the rest of the project period, as well as for the eight revised PBG performance indicators. For efficient PBG management and to align with additional DFID indicators, the M&E Team has set quarterly targets for all 26 NGOs for PBG Year 2.

Capacity Building M&E Training Workshop for MIS officers of SH NGOs: NHSDP conducted several training/ workshops involving the M&E staff at the NGO HQ level on ensuring quality of data, PBG indicator related data, and timely monthly reporting, . NHSDP emphasized the core M&E concepts, tools, techniques, integration and linkage with other core program components. After successful identification of the gaps in data collection process, report generation, information use in decision making, and data presentation, NHSDP launched the new parallel online MIS system. NHSDP designed the tools and the content consultative training workshop. In total, 52 participants from 26 NGOs attended the training; however, NHSDP plans to conduct a refresher training to ensure continuation of these activities.

Finalization of Data Collection Tools: Data collection tools (daily record sheet) for static & satellite clinics and that of CSPs were developed by the M&E unit, which was pre-tested by NHSDP, as well as COR of USAID. A single tool replacing many of the old ones is convenient and more user-friendly, allowing recording of all required service information. A two-day orientation workshop was arranged for MIS officers of 26 NGOs in January, 2014 on the use of the daily record sheet, and from July 2014, all clinics across the network started using the two new user friendly data collection tools. These tools facilitate collection of individual client's service data, help segregation of clinic data by many variables.

Clinic Management MIS: In order to enhance organizational data based decision making, NHSDP has developed a clinic management information system which will enable the NGOs to track performance, evaluate quality of program performances, explore root causes of gaps and plan solutions thorough a proper feedback system. NHSDP will provide training of trainers (ToT) for capacity building towards clinic management MIS (milestone #5) and Data Use for all 26 NGOs' MIS officers, who will, in turn, disseminate their staff at respective clinics.

MEASURE Evaluation Baseline Survey: MEASURE Evaluation baseline data collection at the community level is expected to be complete in December 2014.

(Refer to Annex A: Annual Performance Indicators)

Annex A: Annual Performance Indicators

Sl.#	Description of the Indicators/Items	Target (Oct'13-Sep'14) 12 Months	Quarter-1 (Oct'13-Dec'13)	Quarter-2 (Jan'14-Mar'14)	Quarter-3 (Apr'14-Jun'14)	Quarter-4 (Jul'14-Sep'14)	Achievement (Oct'13-Aug'14) 11 Months	% Annual Target Achieved	Remarks
NHSDP (26 NGOs, Clinics:330; Rural:141; Urban:189)									
1	# of CYP	1,620,000	408,994	403,487	404,834	256,486	1,473,801	90.98%	
2	# of service contacts at NGO SH clinics	35,880,000	9,363,866	9,567,373	9,825,216	6,247,190	35,003,645	97.56%	
3	% of service contacts who qualify as poor	36%	36%	37%	39%	38%	38%		
4	# of injectables provided through USG supported program to prevent unintended pregnancies	2,242,238	482,596	481,418	486,010	311,060	1,761,084	78.54%	
5	# of deliveries with an SBA in targeted communities	25,300	7,184	6,359	6,464	4,668	24,675	97.53%	
5.a	Home births	3,716	986	882	909	685	3,462	93.16%	
5.b	Facility births	21,584	6,198	5,477	5,555	3,983	21,213	98.28%	
6	# of ANC checkups provided during pregnancy through USG supported programs	2,079,695	320,768	330,983	350,252	218,257	1,220,260	58.67%	Target is high. Due DFID inclusion
6.a	First visit	790,138	103,301	109,520	117,808	70,635	401,264	50.78%	
6.b	Fourth visit	348,896	68,602	70,888	72,074	46,331	257,895	73.92%	
7	# of youth (15-25 years) accessing reproductive health services [1]	4,600,000					0		Data is expected at the close of PBG Year 1
8	# of newborns born in supported clinics and catchment area receiving immediate newborn care (within 72 hours)	50,085	18,942	18,551	20,501	16,112	74,106	147.96%	
9	# of childhood pneumonia cases treated with antibiotics	158,800	42,303	42,051	41,657	26,113	152,124	95.80%	
10	# of children less than 12 months of age who received Penta3 from USG-supported programs	354,175	97,712	97,005	94,880	57,979	347,576	98.14%	

11	% of pregnant women who receive counseling on adoption of IYCF practices	127,486					0		
12	# of vitamin A supplementations provided to children under 5 through USG supported programs in targeted areas (FTF clinics)	420,000	184,299	3,731	168,689	2,153	358,872	85.45%	
13	# of Pregnant & Lactating Women prescribed with 30IFA (FTF Clinics)	116,000	17,293	24,061	24,695	13,237	79,286	68.35%	
14	# of service contacts with children under 5 that included growth monitoring in USG supported programs in project areas (FTF Clinics)	116,200	19,431	25,016	25,598	14,757	84,802	72.98%	
15	# of vitamin A supplementations provided to children U5 (including NID)		1,260,278	10,074	1,248,712	6,626	2,525,690		No target assigned to overall vitamin A.

Annex B: Trainings Conducted

Sl.	Training Description/Title	Type of Participant	Total # trained	No. of Batches trained	Training Duration /batch	Date of training	Place of Training	Remarks
1.	Safe delivery training	Paramedics	109	9	21 days	In Q3 & Q 4	i. Mohammadpur fertility services and training center (MFSTC) ii.Maternal and Child Health Training Institute (MCHTI) iii.Obstetrics and gynecology society of Bangladesh (OGSB)	
2.	TOT on Misoprostol	PDs, Monitoring officer, Clinic manager, paramedics	78	3	1 day	Q3	i. NHSDP office ii. Sylhet hotel Suprim iii.PSTC training centre	

3.	Orientation on strategy and operational guideline on "Increasing use of newborn care services" and "Increasing uptake of ARI treatment services by U5 children"	Project Directors and Clinic Managers	98	4	1 day	1st : 20 March '14 2nd : 25 March '14 3rd : 6 June '14 4th :7 July '14	Dhaka: 3 batches (2 batches NHSDP conference room, 1 batch Care Staff House) Sylhet : 1 Batch (Hotel Suprim)	
4.	ToT on 'Comprehensive Newborn Care'	Monitoring Officers and Medical Officers	20	1	4 days	22-25 September'14	Dhaka (SEL Nibash, Green Road)	
5.	ToT refreshers on Helping Babies Breathe (HBB)	Monitoring Officers	6		1 day	14-20 September'14	Dhaka (BSMMU)	6 Monitoring Officers received the refreshers in 6 different batches
6.	ToT on Infant and Young Child Feeding (IYCF)	Monitoring Officer, Clinic Manager, Paramedic	50 (22 male,28 female)	2	4 days/batch	1st batch: 8-11 June 2014; 2nd batch: 22-25 June 2014	PSTC Training Centre, Gazipur	Facilitated by: Concern Worldwide and Bangladesh Breastfeeding Foundation
7.	Training on pilot test of provider orientation on Social Analysis and Action	Service Promoter & Community Service Provider	24 (F-22, M-2)	1	1/1	28 May, 2014	PSTC training Venue at Gazipur	Facilitators: Marcie Rubardt CARE USA, Suniti Neogy CARE India, Lovely Yeasmin Jeba NHSDP
8.	Training of trainers (ToT) on Social Analysis and Action focus on gender	Project Manager, Medical	55 (F-22, M-33)	2	3 days/ 2 batche	01– 03 June, 2014	PSTC training Venue at Gazipur	Facilitators: Marcie Rubardt CARE USA, Suniti Neogy CARE

	awareness to service providers	officer, Monitoring officer, Paramedic, Counselor			s	& 12 -14 July, 2014	& NGO Forum, Dhaka	India, Musarrat Homaira, CARE Bangladesh, Lovely Yeasmin Jeba NHSDP
9.	Clinical Quality Council meeting	Monitoring Officers and PD	31	1	1 day	15 June'14	Dhaka	Project Directors participate where MO is not available/turn over
10.	Clinical Quality Council meeting	Monitoring Officers and PD	29	1	1 day	21 Septembe r'14	Dhaka	Project Directors participate where MO is not available/turn over
11.	Orientation on FP compliance	Monitoring Officers and PD	29	1	2 hours	21 Septembe r'14	Dhaka	This orientation given in CQC meeting
12.	PPFP Training	Paramedics doctors	1 doctors and 2 paramedics	1	3 days Trainin g	23-25th of March 2014	Khulna Medical College Hospital	
13.	PPFP Training	Paramedics and doctors	1 doctors and 2 paramedics	1	3 days trainin g	21-23rd April	Rangpur Medical College Hospital	
14.	PPFP Training	Paramedic	1	1	3 days trainin g	1-3rd June	Training centre of civil surgeon	
15.	Half Day Orientation	Clinic Manager	1	1	1 day Trainin g	1st June	Training centre of civil surgeon	
16.	PPFP Orientation	Clinic Manager	4	1	Half day Orienta tion		Bhola, Dhaka	
17.	Treating Counseling and Gender Based Violence	PD-1, ASFP Advisor-1, MO-1,PM-	653	20	3 days	Training started from	Substation	

		3, CM-7, Counselor-292,Paramedic-328, CSP -20				18/2/14 and ended on 28/6/14 for 20 batches		
18	Managing Direct USAID Award for Two Transitioning NGOs	ED, CP, PD, FAM, MISO, MO, PM, CM	29	1	3 days	29 April 2014	BBS Auditorium, Dhaka	
19	Governance, Leadership and Management	CP, EC member, ED, PD	61	2	2 days	22 May 2014	BBS Auditorium, Dhaka	
20	Training on Finance and Operation	PD & FAM	52	1	2 days	15 July 2014	Hotel Marino, Dhaka	

Annex C: Elements of Women and Girl-Centered Services

- **IR 1, Milestone: 08: ≥90% of clinics have women and girl-centered services as confirmed by quality assurance checklist'**

Guidelines on 'Women and Girl-Centered Services' and 'Counseling to GBV Survivors' have been developed in line with the seven elements of women and girl-centered services for SH clinics. Seven elements of Women and Girl-Centered Services have also been incorporated within the Quality Assurance Checklist. The following constitute the elements of women and girl-centered services for the SH clinic network and the way in which the project ensures these elements.

1. **Service delivery**

- Choice in available services and FP methods:
  Surjer Hashi clinics value and ensure client's right to choose their desired FP method based on adequate and correct information on all available FP methods. FP methods for both male and female are offered through SH clinics, with the exception that NSV is not available where there is no trained service provider. A display board, with samples of different types of FP methods, are displayed in a visible place in all the SH clinics. All the clinic staff received training on FP compliance and had to go through an exam. Questions have been included in SH clinic monitoring checklist to ensure that customers are fully informed of a range of methods and can choose their preferred FP method. Joint decision making around the method of choice among newly married couples is also encouraged.

- Privacy and confidentiality
  SH clinics have a separate room with adequate visible and audible privacy for counseling and internal examination. Counselors maintain confidential files for GBV cases. . A separate screening checklist for GBV survivors has been developed, and training has been provided to counselors and paramedics on how to use the checklist ensuring privacy and confidentiality. Complete documentation for GBV clients should be maintained in a register for monthly reporting as in general but one separate register must be maintain for GBV referral cases and keep in top secret. Relevant service providers were also received training on how to ensure confidentiality of information and documents. This issue has also to be covered in IPC/C training.

- Individual needs assessment
  ToT on IPC/C for Clinic Manager, Counselor, PD/PM was organized and 569 SHCs staff participated in 20 batches of ToTs. This course was conducted following a set of methodical procedures. Service providers were practically trained on applying principles and guidelines of behavior change communication and counseling procedures. Additionally service providers were given hands on training on the use of BCC materials to facilitate the understanding of client's individual needs. .

- Provision of accurate information
  SH Clinics ensure provision of accurate information through capacity building of service providers through training and providing relevant and updated information by sharing documents and memos during NGO Performance Meetings for service providers. For users of FP, information on different FP methods is provided during counseling as well as on display boards, leaflets, and the pricelist of services, etc.

2. **Comprehensive, integrated care tailored to lifecycle**
   NHSDP provides ESP services to women and girls tailored to the different stages of the lifecycle – starting from pregnancy and childbirth and extending services to RH needs of elderly women. Taking the different stages of the life-cycle into close consideration NHSDP has developed strategies including strategy and operational guideline on 'Increasing use of newborn care services' and 'Increasing uptake of

ARI services among children under five years of age; ANGEL model addressing ASRH needs; Core nutrition package to mainstream nutrition services.

Additionally maternal health related services such as postpartum FP needs as well as postpartum MH needs have been strategies and incorporated in training curriculum for service providers.

3. Functioning referral systems

NHSDP has completed seven divisional workshops for Social Mapping on GBV. These workshops were intended to mobilize the community and identify key stakeholders at the community level to stop GBV and identify potential referral points for referring the GBV survivors after primary level treatment and counseling at SH clinics. All SH Clinics sketched up GBV referral maps, identifying the referral stations and locations of SH Clinics, Police stations, Secondary and tertiary hospitals, Legal Aid Support organizations, etc.

NHSDP has a 'Referral System Management Guideline' for SH Clinics with specific criteria of referral linkages for individual clinics to establish the functional referral system:

NHSDP Referral network (internal & external)

Referred to SH Satellite Clinic	Referred to SH static/vital Clinic	Referred to SH EmONC/C-EmONC or GoB (secondary & tertiary) and other private facility, private practitioner
Village doctor CSBAs, TBA Nurse midwife Community leaders Family members Community Clinic Union Parishad Members SHCSG	Community Clinic UH&FWC SH Satellite/Vital clinic Upazilla Health Complex District Hospital / MCWC Private service providers Other NGO clinics Private clinic	District hospital / MCWC Medical College Hospital Specialized Hospital Infectious Disease Hospital Postgraduate Medical Institute & Hospital Private clinic, Private practitioner

In Case of Gender Based Violence (GBV) clients will be referred in both internal and external facilities	
Internal referral for specific services or diagnosis: SHC laboratory to other referral laboratory Paramedics room to Medical officer room. Medical officer to Counselor or Counselor to Medical officer.	External referral for specialized services: To upazilla Health Complex, District Hospital or Medical College Hospital or any reputable facility. To Local Police Station. To one stop Crisis Centers (OCC). To Legal Aid Support service organization/center

Referral linkages with 'One stop Crisis Centres ' of (MOWCA) is under process.in different districts of Bangladesh. The MOU signed with PHR project of Plan International Bangladesh is to reduce the vulnerability of underprivileged people. PHR will support NHSDP in developing linkages with OCC and referring GBV survivors from SH clinics to Bangladesh National Women Lawyer's Association, a partner of PHR.

4. **Distribution of clients (e.g., age, socioeconomic status)**

5. **Providers trained in gender**
   Twenty batches training on 'Gender Equitable approaches to services delivery and identify, treating and counsel to survivors of Gender Based Violence (GBV)'provided to different level service providers along with cascade training on this at 300 clinics. Conducted Two batches Training of Trainers (ToT) on 'Social Analysis and Action (SAA)' for adding gender awareness on health service provision at SHCs by a team of 'master trainer'.

6. **Removal of medical and administrative service barriers**
   Considering the overall situation, these barriers have been seen in different aspects such as geographical arrangement; most of the SHCs are situated in a rented house so there is limited opportunity for geographical changes as may be required to promote a women and girls centered service. As a way to address the medical and administrative service barriers, the following steps have been taken: ensuring separate waiting space and toilets for women and girls and providing adolescent and breastfeeding corner with adequate privacy. In case of a medical barrier due to male service providers for women and girls, NHSDP has ensured that service providers are female. About 95% of SPs and CSPs are female. As we are concerned about women's service at first and due to cultural context of rural areas, female service providers are more accessible to family and satellite clinics. However this opportunity creates a barrier to male participation. Therefore NHSDP is exploring the recruitment of male SP and CSP to reach more clients, especially male clients of SRHS and FP method users. The challenge of it is that adequate number of men could not be reached. All counselors and paramedics are female, making it women and girls friendly. Satellite clinics organized by a team of female service providers and occur during day time for easy access to rural women and girls. The timing of service delivery through SH clinics are women and girl-friendly. We have expanded satellite clinics to reach women with geographic barriers or opportunity costs (such as they can't leave a factory where they work to get services).

7. **Participation of women and girls in planning and M&E of services**
   At the planning exercise at static clinic of Surjer Hashi Community Support Group there were about 40% women/girls who actively participated and shared their views and opinions during preparing clinic level planning.

   Participation in M&E: Each clinic has a comments box for the clients. After getting service from a SH clinic, clients are suggested to write their comments about the services they received. On a test basis, a new tool, a mood meter, has been introduced in some clinics for the clients who cannot write. The main purpose of using these tools is to monitor the quality of the service perceived by clients and interpersonal communication of service providers.

Annex D: Success Stories

My Body, My Say

Lufta's family

In Bangladesh, one in every three girls is married by her 15th birthday. Lutfa was one of them. She wants you to know her story.

"My parents arranged my marriage," she says. "I was 14. I didn't have a choice." Lutfa didn't know anything about pregnancy. She had a baby every year for the next three years. "It happens when you can't make decisions about your family or your own body."

As a teen, Lutfa raised her three daughters in an urban slum in Dhaka. She got a job at a garment factory, working 12-16 hour days. Her family relied on her salary—just around $77 a month—and whatever her husband earned pulling a rickshaw. It was never enough. Their situation was dire before it got worse. One of Lutfa's daughters suffered an unknown illness and died four months later. Lutfa was inconsolable. "I was not physically or mentally OK," she says.

That didn't stop her husband and mother-in-law from pressuring her to have another baby. Lutfa wanted to wait, but she got pregnant again. "I got fired from my job because I was pregnant," says Lutfa. "I felt helpless. But that's when I met Gulshan Ara."

A Light in the Dark - Twice a week, a woman named Gulshan Ara walks to the garment factory and surrounding slum. She counsels women on pregnancy and contraception, and refers them to the satellite clinic for care. Gulshan is one of 6,666 community health workers supported by the largest Pathfinder-led project in the world. With funding from USAID, this "NGO Health Service Delivery Project" locally known as Surjer Hashi Network strengthens a massive network across Bangladesh—26 local NOGs, over 330 static clinics and 9550 satellite spots—to save women's lives.

"Gulshan Ara gave me advice," says Lutfa. "She told me how people at the clinic could help me."
At the clinic, Lutfa got prenatal care for the first time in her life. "The clinic convinced me to save a little money to pay for things like transportation and medicine, in case something went wrong during my delivery." Lutfa decided not to give birth at home. She delivered at the facility with skilled providers. You can't overestimate the power of quality maternal care. It's largely responsible for Bangladesh's enormous drop in maternal deaths—a 40 percent decline between 2001 and 2010. Pathfinder is committed to helping even more women seek care and deliver their babies safely. But that's just one piece of the puzzle.

Contraception Now - Lutfa had a safe delivery and a healthy baby boy. Yet she couldn't shake her fear—how long before she got pregnant again?

"A paramedic of Surjer Hashi clinic told me the risks of having another baby too soon," she says. "I was afraid for my life." Lutfa wanted desperately to use a contraceptive implant, but how could she convince her husband? "A Surjer Hashi clinic doctor called me and my husband in together," says Lutfa. "He told Zasim the implant is reversible. If we wanted to get pregnant again, we could have it removed." A smile grows across Lutfa's face. "That's how my husband finally changed his mind."
Finding Her Voice - Today, 26-year-old Lutfa speaks with remarkable confidence. "I am happy with my implant. I am free from worry. Free from fear of pregnancy." Lutfa shares her story with every woman that will listen.

"In our society, men make all the decisions for their family," says Lutfa. "But women are human beings. When we are in pain, *we* are the ones that can feel it. That's why it's important for women to have choices about our own bodies."Lutfa thinks about her daughters. Her oldest—12-year-old Suma—is just two years younger than Lutfa was when she got married.

"I want my daughters to be happy," she says. "To have a say in the decisions that affect their lives. I want them to have power."

Abul Hossain and Tazun Nahar's Story

Abul Hossain and Tazun Nahar live in the remote village of Dhamoir (under Dinajpur district) bordering India. Tazun is a Surjer Hashi clinic community service provider (CSP) who has survived a stillbirth and four miscarriages. After their fifth child, Abul Hossain decided to get a vasectomy from the local Surjer Hashi clinic. Their story does not end there. Tazun Nahar is now a Surjer Hashi clinic community service provider and has begun a journey of disseminating and promoting health information and services within her community.

Abul Hossain and Tazun Nahar's family

"I married Tazun Nahar when she was 15. By the time she was 24, she had four children," said Abul Hossain. During the birth of her fourth child Tazun had excessive bleeding and her blood pressure severely dropped. "I was so scared of losing the mother of my three children," expressed Abul Hossain
"I now understand that all this happened because of not having proper knowledge of family planning." When Abul Hossain's was faced with his wife's deteriorating health condition, he told us that he needed information to make the right decision. Meherunnesa, a Community Service Provider (CSP) of the Birol Surjer Hashi Clinic informed them that Tazun needs to be hospitalized immediately. I took Tazun to the Birol Surjer Hashi Clinic. Abul Hossain became the father of the fourth child with his wife's was safe and in good health.

Health care facilities in this village are located far away from Abul Hossain and Tazun Nahar's home. Many people here rely on traditional 'village doctors' for any type of treatment while deliveries occur far from facilities, often in dark and insanitary places and by unskilled birth attendants. In this society, adolescent marriage is prevalent and less education for women and girls is commonplace. Many mothers die as a result of pressure from families to meet the expectation. They often do not have a say in when and how many children she would like.

Meherunnesa, Community Service Provider visited to Tazun several times during her pregnancy and advised her to seek pregnancy care from Surjer Hashi Clinic. She informed her about post-pregnancy family planning methods. The couple went to the clinic together and was given counseling on health and family planning. They know understand the importance of pregnancy care along with the danger signs during pregnancy. To avoid further complications, the couple decided that Abul Hossain would take a permanent family planning method.

"Now, my wife and I share the information we learnt to the people in my community," said Abul Hossain. Tazun Nahar is now an earning mother who is helping her family financially and has become a known face in her community as a health provider selling family planning commodities, safe delivery kits, oral-saline, and nutrition supplements among others.. The entire family visits the clinic often for their primary health needs and more.

Annex E: Publications & Communications

Publications in Print Media

Sl	Publication Feature	Type & Name of Media	Date of Publication	Preview
1	Reduce Early Marriage, Save Lives	Newspaper (The Independent)	November 24, 2013	
2	Hnila Union of Teknaf is ahead in Institutional Delivery	Newspaper (The Sangbad)	August 24, 2014	
3	Saving pregnant mother: Red Flag approach	Newspaper (The Independent)	July 21, 2014	
4	Access to health services at rutral areas	Newspaper (The Independent)	May 24, 2014	
5	Summarizing Lancet panel discussion	Newspaper (The Independent)	December 9, 2013	
6	UK pledges for US-funded Smiling Sun clinics	Online Newspaper (The Independent)	June 11, 2014	

Sl	Publication Feature	Type & Name of Media	Date of Publication	Preview
7	USAID-UKAID The New partnership in Surjer Hashi Clinic Network	Online Newspaper (The Naya Diganta)	June 11, 2014	
8	US, UK partner with Bangladesh to expand healthcare services to urban poor	Online Newspaper (The Dhaka Tribune)	June 11, 2014	
9	To ensure healthcare for the poor DFID donate 29 million USD	Online Newspaper (The report)	June 10, 2014	
10	For emergency banking during pregnancy Mayer Bank distributed in Teknaf	Newspaper (The Daily Purbakan)	September 18, 2014	
11	Women and Development Fair will end today	Newspaper (The Vorer Kagoj)	April 10, 2014	
12	Best NGO Clinic Award: 250 Surjer Hashi Clinics awarded	Newsletter (DGFP e-Bulletin)	August 12, 2014	

Sl	Publication Feature	Type & Name of Media	Date of Publication	Preview
13	NHSDP's Performance Based Grants Award Signing	Newsletter (DGFP e-Bulletin)	December 12, 2014	
14	NHSDP and Apanjan in Maternal Health	Newsletter (Aponjon, MAMA)	Oct-Dec, 2013	

Electronic Media

Sl	Media Feature/productions	Type & Name of Media	Date of airing	Preview
1	Smiling Sun: USAID-DFID Collaboration Link: http://www.voabangla.com/content/drc-report-55/1937394.html	Web Update (VOA/USAID's Dhaka Reporting Center)	June 15, 2014	
2	Safe Motherhood Day, 2014 Link: http://www.voabangla.com/content/drc-report-52/1922166.html	Radio Channel (Radio today)	May 20, 2014	
3	COP interview on Safe Motherhood Day, 2014	TV Channel (Desh TV)	May, 2014	Clip is not available
4	COP interview on NHSDP activities	TV Channel (Jamuna TV)	May, 2014	Clip is not available
5	60 second TVC on NHSDP Surjer Hashi Network Link: https://drive.google.com/file/d/0Bxx9S2uCscQIR184QU5FS3ZMVTQ/edit?usp=sharing	TV Channel (Channel i)	From July 19-31, 2014	

Publication Materials Developed and Shared with NHSDP stakeholders:

Sl	In-house developed Materials	Status	Time of Publication	Preview
1	Yearly NGO Performance Review Workshop (held on February 10-11, 2014) Documentation (FY-2013)	24 pages; Printed & Soft version shared with NHSDP, NGOs & Pathfinder staffs	March, 2014	
2	Launching Note on USAID-DFID Collaboration on NGO Health Service Delivery Project (NHSDP) held on June 10, 2014	Printed and Soft version shared with GOB, USAID, Pathfinder, NHSDP, NGOs, Consortium Partners, Development Partners, others.	June, 2014	
3	NHSDP Brochure with current updates	Printed copy distributed to all level of stakeholders	First production: June, 2014	
4	Two Pager on World Population Day 2014 and NHSDP activities	Printed copy distributed to all level of stakeholders	July, 2014	
5	NHSDP BRIEF: Best NGO Clinic Award and NHSDP	Printed and soft copy distributed to all level of stakeholders	July, 2014	

Sl	In-house developed Materials	Status	Time of Publication	Preview
6	NHSDP TB Performance Poster	Participated in the poster presentation on Child TB Conference	April, 2014	
7	LARC-PM Service and NHSDP	Printed and soft copy distributed to all level of stakeholders	August, 2014	