YEAR 3 ANNUAL REPORT

ADVANCING UNIVERSAL HEALTH COVERAGE (AUHC) ACTIVITY IN BANGLADESH

(OCTOBER 2019 – SEPTEMBER 2020)

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Cover photo: Clients are maintaining social distancing and wearing masks in the waiting area while seeking primary healthcare services from newly upgraded Sylhet clinic during COVID-19 pandemic. Photo credit: Md. Abdur Rahim, Regional MIS Executive, Sylhet Clinic, October 10, 2020.

CONTENTS

ACRONYMS

AE	Adverse Events
ANC	Antenatal Care
AUAFP	Advancing Universal Access to Family Planning
AUHC	Advancing Universal Health Coverage
BMEL	Bangladesh Monitoring, Evaluation and Learning
BSQUA	Bangladesh Society for Quality
CCS	Chief of Clinical Services
CHT	Chattogram Hill Tracts
CHW	Community Health Workers
CLA	Collaborating, Learning, and Adapting
CMU	Compliance Monitoring Unit
CRO	Client Relations Officer
CSP	Community Service Providers
CYP	Couple Years of Protection
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DHIS2	District Health Information System 2
DIS	Development Information Solution
DOTS	Directly observed treatment, short course
DQA	Data Quality Assessment
DTC	District Technical Committee
EH	Extended Hours
ENC	Essential Newborn Care
EMR	Electronic Medical Record
EPI	Expanded Program on Immunization
ESP	Essential Service Package
FMCG	Fast Moving Consumer Goods
GBV	Gender-Based Violence
GH	USAID Bureau for Global Health
GMP	Growth Monitoring Practice
GoB	Government of Bangladesh
HMIS	Health Management Information System
HQ	Headquarters
Icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh

IEC	Information, Education, and Communication
IEDCR	Institute of Epidemiology Disease Control and Research
IFA	Iron-Folic Acid
IR	Intermediate Result
IYCF	Infant and Young Child Feeding
LARC	Long-Acting Reversible Contraception
LCC	Limited Curative Care
M&E	Monitoring & Evaluation
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
MERL	Monitoring, Evaluation, Research, and Learning
MIS	Management Information System
MNCSP	Maternal and Newborn Care Strengthening
MOHFW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
MTR	Midterm Review
NCD	Non-Communicable Disease
NDA	Non-Disclosure Agreement
NGO	Non-Governmental Organization
NHSDP	NGO Health Service Delivery Project
NTP	National Tuberculosis Programme
NVD	Normal Vaginal Delivery
OIG	Office of the Inspector General
OPD	Outpatient
OPHNE	Office of Population, Health, Nutrition and Education
OTC	Over-the-Counter
P&L	Profit and Loss
PACS	Post-Abortion Care Study
PMP	Performance Monitoring Plan
PNC	Postnatal Care
PPE	Personal Protective Equipment
PPFP	Postpartum Family Planning
Q	Quarter
QA	Quality Assurance
QAM	Quality Assurance Manager
QASD	Quality Assurance and Service Delivery
QIS	Quality Improvement System

SAM	Severe Acute Malnutrition
SDQA	Service Delivery and Quality Assurance
SHN	Surjer Hashi Network
SKU	Stock Keeping Unit
SOP	Standard Operating Procedure
STI/RTI	Sexually Transmitted Infection/Reproductive Tract Infection
TB	Tuberculosis
TT	Tetanaus Toxide
UHC	Universal Health Coverage
UIC	Unique Identifier Code
USAID	United States Agency for International Development
USG	U.S. government
VEs	Vision Entrepreneurs
WHO	World Health Organization

EXECUTIVE SUMMARY

Year (Y) 3 could be characterized as the Surjer Hashi Network (SHN) reconstruction phase, as extensive efforts were made by Advancing Universal Health Coverage (AUHC) to work collaboratively with SHN to further consolidate and transition them into a centrally managed healthcare network. The network size was reviewed and reduced to optimize resource allocation, utilization, and viability to become a financially sustainable healthcare social enterprise. This was done in two phases; in the first phase, in Quarter (Q) 1, the network transitioned from 369 static clinics to 294 static clinics and 41 satellite hubs. The second phase, which began in Q3 and continued through the end of Y3, further optimized the network down to 134 static clinics and 54 satellite hubs.

This network rebuilding process also included finalizing the clinic typology and standardizing clinics by developing standard operations procedures (through the Clinic Operations Manual) for each clinic type (Advanced, Basic, and Satellite). Clinic-level structures were reviewed, and staffing was redefined. In the process, further recommendations to gain efficiency from operations emerged, including the idea of establishing a cluster approach to manage the clinics. This cluster approach is predicated on the premise that regional structures would be replaced by a stronger unit of analysis, planning, and management. The approach proposes to group clinics and satellite hubs based on geographic proximity, with ideally at least one advanced clinic in each hub, to support a robust referral system and focused attention to each clinic through a cluster manager. With the transition of the network to a significantly scaled-down size, SHN headquarters also consolidated its management team from 89 positions to 38 as shown in the revised organogram in Annex B. The new structure within the SHN head office was geared to provide centralized oversight for clinic management, service delivery and quality improvement functions. A new team headed by a Chief of Clinical Services, with six Service Delivery Specialists, was therefore introduced.

AUHC further strengthened SHN's centralized management capacity by working with its financial and information management systems. SHN's financial management system was overhauled to embrace a truly centralized accounting system. The TALLY software that was originally introduced with clinic-level licenses was transformed into one central license and all operating procedures have been recalibrated to be able to collect, collate and report on network level financial data at the SHN head office. With this, the profit and loss structure of SHN and the charts of accounts were revisited to allow for detailed analysis of revenue and cost. To build a centralized network with strong customer focus, AUHC's Health Management Information System (HMIS) team fully tested the electronic medical record system (EMR) in the network and started to roll out the Registration and Billing modules of the EMR system in the entire network. By the end of Y3, 26 clinics were already using the EMR Registration and Billing modules and were able to report data on the Advancing Universal Health Coverage (DHIS2) platform, which is the analysis and output interface of the Advancing Universal Health Coverage (HMIS) system being rolled out in the network. In several of these clinics, the online billing system was tested and working, and was generating electronic money receipts for clients while reporting real-time customer data on the DHIS2 platform. The AUHC HMIS team is working towards having an online EMR system in place in every clinic by the end of first quarter of Y4.

To catalyze SHN's vision and strategy for sustainability, AUHC initiated the strategic planning exercise focused on the double bottom-line for the nascent social enterprise: health impact and financial viability. The AUHC incubator team developed a financial projection model that estimated over 50 percent cost recovery at the clinic level post-optimization and close to 70 percent cost recovery (again at the clinic level) by 2022. At the end of Y3, these projections were updated with new data on investment, business initiatives and standardized costing at clinic level as well as at the SHN head office. The network already showed a greater than 50 percent cost recovery by the end of Y3 as projected, and early indicators of revenue growth predict that with the planned investment

and business initiatives, SHN will meet its projected cost recovery target by the last quarter of 2022. The strategic planning exercise had to account for a number of moving parts which were being progressively approached by the AUHC Chief of Party, the incubator team, and technical advisors. AUHC revisited the existing operational model of SHN's satellites with an objective to develop a robust satellite hub business model that can contribute to SHN's vision.

AUHC responded with adaptive management strategies in service delivery and quality of care for SHN and its clients, in the face several significant challenges this year, most notably funding constraints and the COVID-19 pandemic. SHN's advanced clinics and basic clinics continued with the provision of normal vaginal deliveries (NVDs) throughout the pandemic and offered delivery services to clients when many of the private and non-governmental organization facilities were not operating. Infection prevention measures, including handwashing and social distancing, adopted by SHN clinics through extensive support of the AUHC team, were exemplary for the health sector in Bangladesh. Using standard design, guidelines, and training, AUHC facilitated online training on handwashing and crowd management (social distancing) for 286 SHN and GH staff who in turn trained 1,867 clinical staff. AUHC also facilitated online training for 766 SHN staff from 59 clinics on infection prevention and integration of infection prevention in maternal and child health and other critical service delivery during the COVID-19 pandemic. To overcome travel restrictions, the AUHC service delivery and quality of care team introduced online supportive supervision to support 38 Advanced clinics and 15 Basic clinics with NVD. AUHC also led a new service delivery channel by opening phone lines for remote consultations with paramedics and doctors. In the first 20–25 days of the COVID-19 pandemic more than 18,000 clients received phone consultations. The demand for a new service delivery channel led AUHC and SHN to work on initiating a telemedicine service using a FinTech platform, bKash. SHN and bKash signed an agreement and worked together, with guidance from AUHC, to launch this new service delivery channel in five SHN clinics on a test basis. Efforts to improve client waiting time at SHN clinics mark another milestone to improve the customer experience in SHN clinics. In Y3, interventions to reduce client waiting time were implemented in 25 SHN clinics in Dhaka, with remarkable results. AUHC's Quality Assurance and Service Delivery team also conducted a client experience survey by phone on clients' service experience, cleanliness, infection prevention, and COVID-19 preparedness. The result showed an overall score above 78 percent across all indicators. Finally, AUHC also elaborated an updated clinic operations manual, which is now being rolled out to all clinic staff to ensure a uniform approach to service delivery across the network.

AUHC also provided robust support to Green Hill clinics in the Chittagong Hill Tracts (CHT). Particularly noteworthy are the significant contributions made during the COVID-19 pandemic to contain a measles outbreak in the Rangamati district. For the first time, Green Hill started to offer Expanded Program on Immunization services in collaboration with the Ministry of Health through a few of its clinics in the CHT.

AUHC reported a total of 16 million service contacts in Y3 through SHN and Greenhill clinics, which included 422,104 for antenatal care (ANC). SHN clinics were responsible for 25,750 deliveries by skilled birth attendants, and 44,404 cases of postnatal care (PNC). Under nutritional services, the network was responsible for 165,093 infant and young child feeding counseling services and prescribed or distributed 333,797 iron folic acid tablets during ANC and PNC checks. The network of clinics served 45,827 newborns with essential newborn care within 72 hours of birth and managed 403,063 child diarrheal cases. In addition, AUHC collaborated with the Ministry of Health and Family Welfare and supported SHN to provide 1,036,661 Vitamin A capsules as part of the national Vitamin A campaign.

Lastly, AUHC has observed marked improvement in clinic level cost recovery by the end of Y3 with its optimized network. As of September 30, 2020, clinic level cost recovery had risen to 61.03 percent, compared to 33-35 percent in the previous years.

GOALS AND OBJECTIVES

The Advancing Universal Health Coverage Activity (AUHC) is a five-year project (2017-2022) financed by USAID and implemented by Chemonics International and partners that supports the Government of Bangladesh's efforts in achieving universal health coverage (UHC) by providing the people of Bangladesh with high-quality, affordable primary care.

Building on the strong brand recognition of Smiling Sun Clinics, the AUHC project is supporting the transition of the Smiling Sun clinics to a unified, sustainable, gender sensitive pro-poor social enterprise (the Surjer Hashi Network) through developing innovative business models, creating evidence-based health service packages for the poor, and experimenting with new health service delivery options that will increase access to a wider range of services.

To support USAID's development objective to improve health and human capital in Bangladesh, this activity will develop a sustainable, gender-sensitive, and pro-poor social enterprise — the Surjer Hashi Network (SHN) — to advance progress toward universal health coverage (UHC). The Advancing Universal Health Coverage (AUHC) activity focuses on five results:

1. Develop and implement a program to transform the Smiling Sun network into a centrally managed, sustainable private social enterprise (SHN)

2. Adopt proven innovative approaches to create new strategies to expand access to and uptake of essential service packages

3. Develop and implement sustainable financial systems to facilitate expanded coverage and ensure equitable access to health services

4. Improve the quality of care

5. Improve program strategies drawn from lessons learned (crosscutting)

RESULTS FRAMEWORK

DEVELOPMENT OBJECTIVE

Improved health and human capital

OBJECTIVE

Universal health coverage advanced through a sustainable, pro-poor social enterprise

RESULT 1	RESULT 2	RESULT 3	RESULT 4	RESULT 5
Smiling Sun Network transformed into a centrally managed, sustainable private enterprise	Access to and uptake of essential service package expanded	Coverage under sustainable financial systems expanded to ensure equitable access to health services	Improved quality of care	Effectiveness of program implementation increased based upon lessons learned
1.1: Existing Smiling Sun Network consolidated into a centrally managed single entity **1.2:** Standardized corporate operating systems designed and implemented **1.3:** Systems efficiency and effectiveness of Surjer Hashi Network improved	**2.1:** Enhanced service package offered through Surjer Hashi Network **2.2:** Increased informed demand for essential service package **2.3:** Equitable access to Surjer Hashi Network services for the poor and the poorest of the poor ensured	**3.1:** Business strategies to provide financial protection for the poor and the poorest of the poor implemented **3.2:** Improved financial sustainability of Surjer Hashi Network through diverse revenue and funding streams	**4.1:** Improved customer experience **4.2:** Continual quality improvement systems implemented **4.3:** Surjer Hashi Network staff are skilled and retained	**5.1:** Capture learning through documentation, research, and analysis **5.2:** Apply learning to program activities **5.3:** Disseminate project learning on universal health coverage to target audiences

YEAR 3 ACHIEVEMENTS: ACHIEVEMENTS BY RESULTS

RESULT 1. SMILING SUN NETWORK TRANSFORMED INTO A CENTRALLY MANAGED, SUSTAINABLE, PRIVATE ENTERPRISE

Overview of Accomplishments

This year, AUHC collaborated closely with SHN to make significant progress towards creating a more efficient and centrally managed network that has greater chances at becoming sustainable in the foreseeable future. AUHC oversaw the transition of the network to 134 static clinics, reviewed clinic level operational expenses, conducted staffing analysis at clinics and revised SHN's head office and regional structure - eliminating the regional structure altogether and rendering a much leaner head office team, with emphasis on capacity to manage a healthcare service delivery network. Together with USAID, AUHC engaged the SHN board members to finalize the SHN organizational chart and generate a shared understanding of priorities for this network in the next two years. AUHC's support to SHN in financial management resulted in streamlining the TALLY based accounting system and deciding on a centralized financial management system in the near future. Through a series of discussions, consultations with experts and other projects/initiatives recommended by USAID, the AUHC MIS team revised the EMR system, successfully introduced real-time billing in five SHN clinics, transitioned to EMR based (instead of the old access-based MIS) data capture and reporting in thirteen clinics and deployed the full EMR system in an Advanced clinic in Dhaka. A cluster approach which has the potential for creating remarkable management efficiencies and strengthening the value proposition of the network was also elaborated and plans for rollout in Y4 have been initiated.

Intermediate Result (IR) 1.1 Existing Smiling Sun Network consolidated into a centrally managed single entity

Establishment of SHN. AUHC engaged extensively with the SHN board in year (Y) 3, starting with its first annual general meeting in December 2019. In June 2020, AUHC presented an overview of AUHC's vision for Y4 and Y5 to SHN board members, articulating program goals and assumptions. This presentation laid out the vision for SHN's sustainability in terms of the double-bottom line (depicted below in Figure 1), health impact, and financial independence. AUHC result leaders shared program priorities in three strategic components — services, systems, and sustainability — to support SHN to become a sustainable social enterprise offering quality services to its target audience. AUHC engaged with SHN's HR sub-committee to revise SHN's organogram to take effect by October 2020.

Deliver health impact through the following objectives:

- **Inclusive care** for the poor, poorest of the poor, women, children, youth and adolescents, and men
- Strengthening the urban health system of Bangladesh, by **deepening urban footprints of SHN.**
- Contribute to **reducing maternal and neonatal morbidity and mortality** by working towards facility-based delivery, continuity of care (pregnancy and maternal care, essential newborn care and vaccination).
- Contribute to **addressing non-communicable diseases** (NCDs) burden of the country.
- **Support national tuberculosis (TB) control program** of Bangladesh by offering TB screening, treatment and referral services through Surjer Hashi clinics.
- Contribute to **addressing uncorrected poor vision,** particularly among children and industrial workers.

SHN defines its financial sustainability based on the following milestones and concepts:

- SHN views sustainability at the level of the network, not at individual clinic level.
- Global evidence is clear that a primary health care service delivery network will not be self-sufficient – there is a need for alternate financing and investment plans.
- SHN will access funding and resource support from the Government of Bangladesh and other institutional and private donors and partners to continue to serve the poor and poorest of the poor, roughly up to 25% of its client base.
- A set (tier 1, N=23) of clinics is projected to be self-sustaining by 2022, others (N=30) by 2025 and yet another larger set (tier 3,4; N=81) of clinics will need separate vision and response.

Figure 1. SHN's Double Bottom-line

In Y3, under the guidance of AUHC, SHN reviewed its staffing and management structure to improve efficiencies and reduce costs. The revised organogram eliminates the regional teams and centralizes the management of clinics under a strong clinical services team based at the SHN head office, headed by the Chief of Clinical Services (CCS), who will supervise a team of six service delivery specialists. The service delivery specialists are defined as healthcare professionals who will oversee clinical services and quality of care at the clinics. All the clinics in the network will be distributed among them. In addition to supervising service delivery specialists, the CCS will also oversee a management information systems (MIS) manager and a training and capacity building manager.

AUHC facilitated the process of recruiting the CEO and CCS officer positions of SHN through the last two quarters of Y3. By the end of Y3, final candidates for these positions were approved by the SHN board, and contracts were being negotiated.

Status of District Technical Committee (DTC) approval and clinic licenses. AUHC and SHN inherited a network of clinics that had never systematically approached regulatory compliance and obtained licenses required for various operations, including lab, hospital, and pharmacy. AUHC has been working with SHN to obtain necessary clinic licenses for its 369 clinics, and by the end of quarter (Q) 3, once the network was down to 134 static clinics, AUHC/SHN took full stock of the status of various licenses for network clinics and renewed its efforts to ensure all clinics had the full suite of necessary licenses to cover 2020–2021. These licenses include DTC approval from Directorate General of Family Planning (DGFP), trade license from city corporation/municipality, lab and hospital licenses under Directorate General of Health Services (DGHS), and pharmacy license under the Directorate General of Drug Administration (DGDA). Ninety-seven of the 134 SHN clinics got DTC approval for conducting family planning services on behalf of the government of Bangladesh (GOB) during 2019–2021, while approval is pending on applications made for the rest of the 37 clinics.

Other licenses AUHC is working with SHN to obtain include trade licenses (currently 114 clinics are eligible for these), lab licenses for the 121 clinics that provide lab services (currently 84 applications

are pending while the other clinics are working on obtaining the prerequisite licenses first), and hospital licenses for all of its 38 advanced clinics. As a prerequisite to obtaining lab and hospital licenses, a clinic has to obtain a fire license, environmental clearance and narcotic license from respective authorities. SHN is also determining how many of its clinics need pharmacy licenses, as currently, 21 SHN clinics have a registered pharmacist.

Strengthening SHN's Financial management. AUHC worked with SHN staff and revised the structure of SHN's profit and loss (P&L) statement which now enables the analysis of SHN's financial performance at three different levels: product, services (or clinic), and the network. In Y3, AUHC and SHN worked with the TALLY vendor to make sure that data directly entered by the 43 advanced clinics into TALLY synchronized at the regional level and subsequently to SHN headquarters (HQ). AUHC and SHN's financial management staff regularly held meetings with the vendor to operationalize the software and created a WhatsApp group to facilitate troubleshooting support with the vendor when needed.

From inception, each clinic was treated as a separate business unit (client) in the TALLY system. As a result, SHN faced challenges for data synchronization at multiple levels: from the clinic to the region, and onto the SHN HQ. This created a financial burden for SHN, which had to renew licenses for each unit, notwithstanding the layering of data that makes real-time synchronization and analysis impossible. SHN therefore had to move to a centralized TALLY system. Toward the end of Y3, AUHC and SHN worked closely with the TALLY vendor to shift the system, which involved creating a separate user ID for each clinic, on-the-job training for clinic staff, troubleshooting to directly input data into the centralized TALLY system and, more importantly, migrating financial data dating back to April 2019.

By January 1, 2021, SHN will eliminate the regional structure and move fully into a centrally managed network. To develop a robust system for data reporting into the centralized platform, AUHC supported SHN in developing the administrative assistants from 16 clinics as focal points through a series of online training and coaching sessions. Trained administrative assistants demonstrated adequate accounting knowledge and capacity to guide others and were mobilized as trainers in August 2020 to cascade virtual training and mentoring to other administrative assistants in all 134 SHN clinics.

With AUHC's guidance, SHN translated the financial and procurement policy into Bangla for use at the clinic level. To enhance the capacity of clinic managers and administrative assistants, AUHC supported SHN with conducting virtual training throughout the network. AUHC also worked with SHN's procurement team to organize a capacity building training for clinic-level procurement committees.

IR 1.2 Standardized corporate operating systems designed and implemented

1.2.1 Build and roll out Electronic Medical Record (EMR) Money Receipt module with paper-based tools

In Q1, the EMR Money Receipt module, consisting of the Registration and Billing modules, was developed. This development relied on the lessons learned from the MIS paper-based tools pilot. The modules were developed to allow the SHN MIS team to customize them as needed. The AUHC Electronic Medical Record (HMIS) team integrated the minimum standardized prices and revised service codes into the EMR for SHN and provided remote support and guidance for regular data entry into the EMR as it was piloted in 20 SHN clinics. Secured by central administrator control, the EMR registration and billing modules were customized to be readily updated with new service codes and prices for different clinics. Users can access the EMR from any device (desktop, laptop, mobile, and tablet) with an internet connection. It was piloted in 20 SHN clinics, 13 of which remained with SHN after the optimization exercise. AUHC prepared an action plan to introduce the EMR Registration and Billing modules to 134 SHN clinics by Q1 of Y4. Already, 13 clinics have received online orientation and started entering data. The rest of the 108 SHN clinics will be oriented

through online training by Q1 of Y4. By the end of the third year, 210,651 clients were registered, and 253,581 visits service data were recorded using the EMR.

The AUHC MIS team worked with the SHN MIS; AUHC Monitoring, Evaluation, Research, and Learning (MERL); and the incubator team to prepare a comprehensive product list to build the product code incorporated into the EMR. The EMR will also report on drugs and other products uptake and sales. All drugs and products will be listed in the EMR using Drug Administration Registration codes for every stock keeping unit (SKU). SHN agreed to introduce the product codes to clinics during the introduction of the EMR Registration and Billing modules. Some 695 products are included in the EMR, and as of September 2020, 26 SHN clinics are using them for regular reporting.

To test real time billing, five clinics (Chandpur, Jatrabari, Chatak, Habiganj, and Tilagor) were selected to insert real-time service data into the EMR. These clinics have generated and provided clients with electronic money receipts from the system since June 7, 2020. These clinics used existing clinic hardware and some printers from optimized clinics. Although there were some initial data entry errors, no major challenges were faced in implementing the real-time billing process. Clinics were guided by the HMIS team to follow certain procedures to limit data entry error. Based on this experience, AUHC has gained the confidence to roll out the registration and billing module modules of the EMR system with real-time data capture in all the SHN clinics. Computer hardware from SHN-optimized clinics will be used for rolling out real-time billing in the rest of the SHN clinics. However, it is always recommended to use fresh hardware for smooth client operation.

1.2.2 Complete development of EMR- pilot, learn and plan scale-up across the network roll out in 43 SHN Advanced clinics

In Q3, development of the features of the full EMR was completed, with guidance from the AUHC MIS and Quality Assurance (QA) team. The QA team provided detailed insight on the data to be collected for every type of patient that SHN serves. Detailed specifications were identified for client history, general examination, obstetric history, ANC, delivery, postnatal care (PNC), newborn care, LCC, Expanded Program on Immunization (EPI), family planning, Post-Abortion Care Study (PACS), sexually transmitted infections/ reproductive tract infections (STI/RTI), TB screening, TB case finding, TB Directly observed treatment, short course (DOTS), cervical cancer screening, fistula screening, adolescent health, first aid (minor injury), NCD, eye care, and client follow-up. The QA team validated all the data collection forms after development of the initial draft in the EMR. The list of chief complaints and the final diagnosis list were prepared with guidance from the QA team and coded with International Coding of Diseases (ICD10) in the back end of the EMR. All the coded data from the service forms are also synced with District Health Information System 2 (DHIS2) for further analysis by the program team. The system produces e-prescriptions, lab reports, birth certificates, and discharge certificates.

> **INTRODUCING THE ELECTRONIC MEDICAL RECORD SYSTEM**
>
> Testing of the full EMR system was initiated in the Aftabnagar clinic, an advanced clinic in Dhaka city, in March 2020. The Covid-19 pandemic hit Bangladesh shortly after, limiting implementation of the full system. Working through the lockdown, the MIS team oriented all clinic staff (6 doctors, 9 paramedics, 2 client relations officers [CRO], 1 lab technician, 2 sales assistants, 2 Service Promoters, 1 clinic manager, and 1 administrative assistant) in five remote sessions through video conferencing. Providers were oriented on the full process of the customer journey in the EMR and their expected roles. Initially, providers raised concerns that their use of the system would lead to increasing client wait time; however, practice abated these concerns as they became familiar with the system. Clinic staff also shared valuable inputs to improve the system (e.g., functionality of Bangla consultation notes in the e-prescription). The MIS team, along with Dr. Rezaul Karim and the SHN Regional MIS team, provided hands-on orientations to medical providers to clarify different data needs and system workflow. AUHC has provided nine laptops from its inventory to support the full EMR piloting in Aftabnagar clinic and SHN transferred two printers from closed clinics. It is nonetheless challenging to convert a laptop to act as a local server, and this process needs to be verified in Aftabnagar before it can be rolled out to other clinics.

The EMR system, with all modules, was presented to USAID on May 18, 2020. The team expressed their satisfaction with the system's architecture along with the process workflow and provided recommendations. The HMIS team further improved data collection forms, following government registers and the MaMoni project's experience, to capture and report on vital indicators related to services within maternal and child health (MCH), child health, family planning, nutrition, and TB services. USAID also suggested that AUHC consider using mobile phones/tablets for clinic-level data capture to enhance the system's agility and flexibility. AUHC had also been considering mobile/tablets for use by outpatient doctors and paramedics, inpatient department staff, and satellite teams to capture data; however, due to budgetary constraints, AUHC cannot procure computer hardware for the full EMR implementation. Instead, it has been decided in consultation with USAID that AUHC will pilot the full EMR in only five clinics in and around Dhaka and will leave this as a legacy to SHN to determine whether they'd like to scale up, and if so, seek a donor/investor to support this initiative. For the five pilot clinics, AUHC will use existing laptops from its own inventory and/or received from other USAID projects that have recently ended.

1.2.3 Monitor and support SHN for effective implementation of the EMR system

The AUHC MIS team, with the help of the MERL team, monitored data from the 20 piloted clinics where the EMR (Registration and Billing modules) system was introduced for MIS reporting, replacing the Access-based system. They found that the clinics were capable of — and confident in — using the system. Based on this, AUHC recommended that SHN stop collecting data using MS Access in different phases. All piloted clinics stopped using MS Access to send routine reports as of July 2020.

In April 2020, the AUHC MIS team provided an orientation to SHN's MIS staff on the HMIS system, including data capture procedures in EMR, monitoring clinic performances, and data analysis and reporting tools in DHIS2. Both teams meet bi-weekly to discuss clinic-level issues, system features, clinic performances, and scale-up opportunities. The AUHC HMIS team regularly provided one-to-one remote support to clinics on an as-needed basis to ensure that clinics were capturing data properly and reporting accurately and on time to the SHN head office.

AUHC prepared for the rollout of the EMR system in SHN clinics by organizing remote learning sessions for clinic-level users in 20 pilot clinics to orient them on the reporting modules. AUHC's HMIS team explored options to provide remote support and online training for the pilot clinics. Remote support software (Skype, TeamViewer, and AnyDesk) was introduced for regular troubleshooting at the user (clinic, regions, HQ) end. With the video tutorials and user manuals that have been developed, the AUHC MIS team conducted remote learning sessions with the 20 pilot clinics using Skype. All the clinics joined the hour-long session using their available internet connection. Based on the experience of the online sessions, the tutorials and user manuals are being updated. In the process, the HMIS team gained confidence that EMR rollout across the network using remote support is possible and an additional 13 clinics have been already oriented on the EMR (Registration and Billing module); they will start real-time data entry in October, 2020.

1.2.4 Customize the HMIS on DHIS2 incorporating the business analytics of SHN

Data from the Registration and Billing modules of the EMR have been successfully synced and integrated with the DHIS2, the HMIS that provides analysis and reports for monitoring, evaluation, and management decision-making. The MIS team has been able to integrate data into the DHIS2 from various other patient records and forms that are being introduced into the EMR and deployed at the Aftabnagar clinic. This will enable SHN to generate a lot of additional data from patient records to build into analytics based on routine data from the clinics. Data integration with the SHN accounting system and government reporting system was initiated in Q4 of Y3 and will be accomplished in Y4.

Data from the EMR Registration and Billing modules DHIS2, which acts as the central HMIS, can generate service and revenue indicators automatically with the regular data sync from the EMR. A few examples of analysis from the DHIS2 are provided in the figures below.

Figure 2 illustrates the total number of clients registered during August 2019 through September 2020 by clinic, and Figure 3 shows the revenue earned by service category between January and September 2020.
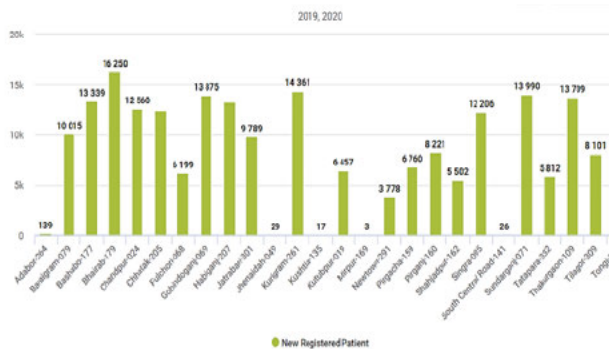

Figure 2. Example of Registered Clients at Clinic for the period of August 19 to September 20
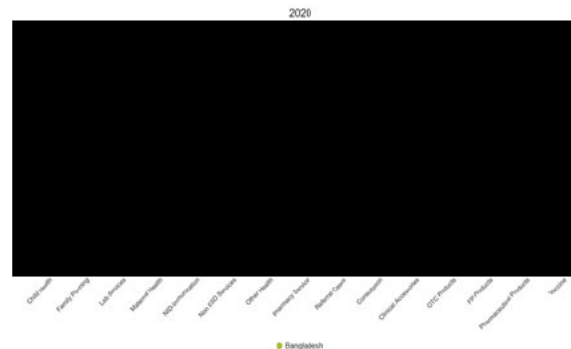
Figure 3. Example of Revenue by Different Category in 2020

Online links to the EMR (███████████████████) and DHIS2 (███████████████) cloud hosting are mapped with the SHN web domain. These links allow users to access different systems from any device (desktop, laptop, mobile and tab) with an internet connection.

1.2.5 Integrate HNQIS into DHIS2

The HMIS team worked with the QA team to develop the QA supportive supervision checklists on DHIS2. Eleven checklists have already been added into DHIS2, and their associated dashboard and data analysis are currently under review by the QA and Service Delivery teams, including:

- Family planning counselling
- Intrauterine device (IUD)
- Injectables
- Oral contraceptive
- ANC
- PNC
- Normal vaginal delivery (NVD)
- C-section
- Infection prevention
- Facility assessment (Static)
- Adolescent service

Development on the remaining seven supportive supervision checklists will be completed by October 2020. The HMIS team is working with the AUHC service delivery and quality assurance (SDQA) team to develop and improve dashboards, modify existing dashboards based on the QA team's guidance, and prepare an analytics dashboard. The section-specific score can be calculated in percentile and dynamically. One example of the ANC checklist data analytic is shown in Figure 3. The chart includes section-specific scores (Client Centered Counseling, History Taking, Clinical Examination, Medication, and Routine Laboratory Testing, Patient Education and Follow-up, ANC visit, 3 delays, and birth planning) of the ANC checklist and the total clinic score.

Figure 3. Example of ANC Supervision Checklist Score

Distance Monitoring Checklist Score of Gobindaganj Clinic, April-2020

DMC-ANC Score (%)
DMC-Documents Score (%)
DMC-Facility Score (%)
DMC-Distance Monitoring Checklist Total Score (%)
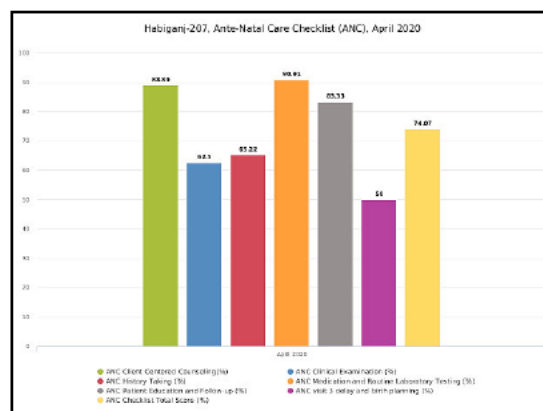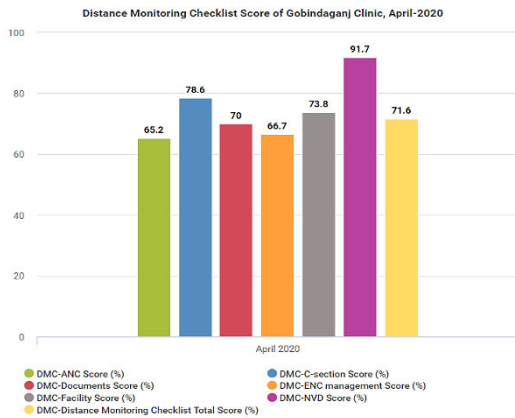DMC-C-section Score (%)
DMC-ENC management Score (%)
DMC-NVD Score (%)

Figure 4. Example of Distance Monitoring Checklist Score for an Advance SHN Clinic

To cope with the COVID-19 lockdown situation, the SDQA team initiated a distance monitoring approach to support the clinics with clinical guidelines and ensure proper readiness for service to the clients (details on the distance monitoring approach is given under IRs 2 and 4). To cater to the SDQA team's need for data capture and analysis, the HMIS team integrated the distance monitoring checklist into the Quality Improvement System (QIS) system, developed the scoring mechanism, oriented the SDQA team on its use, improved the system based on the SDQA team's feedback, and prepared necessary data analytics dashboards. Figure 4 depicts an example of Distance Monitoring Checklist score for an Advance SHN Clinic including the sections specific scores (ANC, NVD, C-Section, ENC Management, Facility and Documents) as well as the total score of the clinic. SHN's Service Delivery team will be oriented on the whole package once they are onboarded. AUHC will support the SHN team to implement the system during the Y4 and handover of the technology at the end of Y4.

Centralized procurement of drugs and over-the-counter (OTC) products. In Y2, SHN, with help from the AUHC incubator team, signed contracts with 11 reputed pharmaceutical companies to purchase 160 generic drugs from them in July 2019. The incubator team determined whether there were actual financial gains from these contracts in Y3. The current system of drug inventory and sales tracking is completely paper-based, so it was also decided to explore the option of making it semi-automated. The team developed a reporting template for SHN clinics to input and send to HQ and AUHC. The template was rolled out in clinics in the Dhaka region and data was collected from 61 clinics. Analysis found that SHN's product margin came to 21 percent with the newly negotiated prices as opposed to 15 percent with the previous prices (based on actual sales of 79 drugs during the months of October and November 2019). It was also found that at least 500 drugs that were not included in the contracts were sold during the aforementioned two months, which implies that if new contracts are made or current contracts are amended to include the high-selling drugs which were previously not included, the profits and incremental profits would be much higher. It was also found that approximately 85 percent of the analyzed generic drugs did not sell as much as was predicted, while 15 percent sold better than expected. Based on these findings, it was decided at the end of Q4 that the list of drugs not currently covered by the contracts, but which should be included, need to be finalized after conducting further analysis to see which are the high-selling drugs and which yield the better margins, while maintaining quality control standards. Through the exercise of standardizing drug procurement, it was also understood that SHN would require a robust and tested centralized financial management system, including an inventory management software to be able to truly centralize its procurement of drugs and other products. Currently, suppliers and prices are negotiated centrally, but orders are processed and paid directly by the clinics.

IR 1.3 Systems efficiency and effectiveness of SHN improved

Network Optimization. The network optimization exercise that was initiated in Y2 was actualized in Y3. The first round of the recommendations that stemmed from this exercise to wind down the very poor performing clinics was implemented in the beginning of Y3, taking the network from 369 static clinics to 294 static clinics and 41 satellite hubs. In Q2, AUHC further reviewed the portfolio of clinics through a two-step process. First, they were ranked based on service contacts, program revenue, and product revenue from static clinics and satellites. Satellites and static clinics were given equal weight to generate a clinic performance score. Based on the performance scores, 294 clinics were categorized into four tiers: 46 clinics as good, 139 as average, 74 as poor, and 35 clinics as very

poor. Two of the 109 very poor and poor clinics, supported by Chevron, were handed over to Chevron through a mutual agreement. Of the remaining 107 very poor and poor clinics, SHN identified only eight clinics that were worth maintaining within the network. The 99 other clinics were marked to be part of the next optimization wave.

The second phase of the exercise was conducted with the remaining 193 clinics using the same criteria, but this time weighing static clinics' (65 percent) performance over satellites (35 percent) to calculate performance scores of a clinic. This exercise categorized 193 clinics again into four tiers (please refer to Figure 5), that resulted in identifying 17 clinics as good, 117 as average, 50 as poor and 9 as very poor.
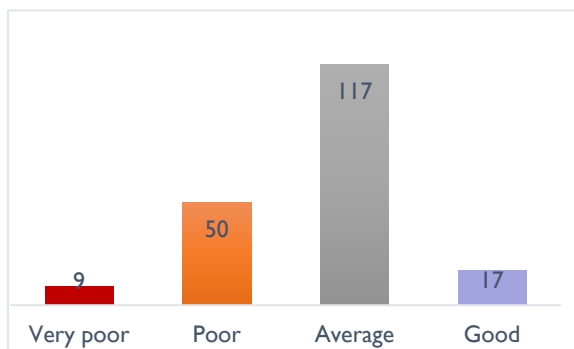

Figure 5. Optimization Exercise: 193 clinics ranked

Except for the 17 good performing clinics, the remaining three tiers were filtered by a set of inclusion criteria that included: enhancing urban footprints, fulfilling unmet needs in rural areas, potential for expansion and growth, and intangibles (any other compelling reason). As a result, AUHC and SHN jointly agreed to continue with only 134 clinics, of which 17 were categorized as good clinics, 103 clinics categorized as average (14 clinics from the average category were dropped as they did not meet any of the inclusion criteria), and 14 clinics categorized as poor and very poor that met at least one of the inclusion criteria.

The decision to close static clinics did not mean that SHN would have no presence in all of these locations. In fact, in the absence of a static clinic, SHN decided to maintain satellite hubs in 54 locations to coordinate more than 1,400 satellite spots through 109 satellite teams. These satellites are in addition to the existing satellites under the 134 static clinics that SHN would continue to support. Therefore, after the optimization, SHN would deliver services to communities through 4,496 satellite spots managed by 401 satellite teams.

In Q3 of Y3, supported by AUHC, SHN started transitioning the network, maintaining134 static clinics, while closing 158 clinics in the network. This was planned in two waves: the first 19 clinics were to close by May 2020; and the remaining 139 clinics by June 30, 2020. SHN faced severe resistance from some clinics and staff in this process. The transition was put on hold June 20, 2020 due to a high court order following a writ petition in the virtual court, submitted to the high court division of the supreme court of Bangladesh on behalf of 48 clinic managers challenging the decision to close 158 clinics in contravention of the DGFP memo dated May 20, 2020. The high court division, by its order dated June 16, 2020, directed SHN to act in accordance with the government decision contained in the DGFP memo.

Guided by its legal counsel, SHN was able to resume the clinic closures. By the end of this reporting period, 58 clinics were completely closed, 34 clinics were in the process of being transferred to non-governmental organizations (NGOs)[1] and a municipality. Transfer of assets from 33 clinics that were previously managed by Swanirvar were also waiting for arrear payments to the clinic staff. Besides the clinics under transition to NGOs, asset transfer from the rest of the clinics was still not possible as those were under the writ petition and the clinic staff took the clinics under their control. SHN

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[1] In the midst of all these, 14 local NGOs expressed interest in taking over 54 clinics that SHN planned to close, and the Khagrachari municipality showed interest in continuing the SHN basic clinic in Khagrachari. SHN considered these proposals favorably and made offers to these NGOs and the municipality listing the clinic assets that could be donated with the transfer of the clinics. Some NGOs demanded that SHN donate all the assets, which was not feasible. At this juncture, 34 clinics were being planned to be turned over to NGOs, including one to the Khagrachari municipality, for continued service provision.

has been pursuing legal and administrative action through the local administration to take control of these clinics and complete the process of moving assets and vacating the rented premises.

Recommendations for next level of optimization. In Q3, AUHC helped SHN review the clinic-level organogram to optimize clinic-level staffing, standardize service providers by clinic type, and strengthen service delivery roles. Clinic-level staffing was differentiated by clinic type (Advanced, Basic) and location (urban, rural). Since the level of effort in a Basic Clinic depends on availability of normal delivery service, Basic Clinics were further differentiated by Basic with NVD, and Basic (without NVD). The following table shows the distribution of SHN clinics (N=134), considered during this staffing review:

TABLE 1. DISTRIBUTION OF CLINICS BY TYPES CONSIDERED FOR STAFFING REVIEW

Parameters	Basic Clinic	Advanced Clinic
Urban	**78**	**32**
With NVD	8	-
Without NVD	70	-
Rural	**18**	**6**
With NVD	7	-
Without NVD	11	-

The following assumptions were developed to revise the clinic level org charts for each type of SHN clinic:

- Minimum qualification and number of the service providers by clinic type are as follows:
  - o Basic Clinic (without NVD): Medical Assistant (1)
  - o Basic Clinic (with NVD): Medical Officer (1), Medical Assistant (1), Nurse/Midwife (3), Labor Room Attendant (3)
  - o Advanced Clinic: Medical Officer (5), Medical Assistant (1), Nurse/Midwife (5), Labor Room Attendant (4)
- Minimum capacity for an Advanced Clinic as per the hospital license requirement is 10 beds. Types and number of service providers are aligned GOB requirements for a 10-bed hospital.
- Provision made for two sets of service providers — 1) Indoor and 2) Outdoor, for clinics with delivery service (Basic with NVD and Advanced)
- A pharmacist is recommended for a clinic that has a stand-alone pharmacy; if not, the medicine corner will be attended upon by the CRO
- As per job analysis of the support staff, it was concluded that:
  - o A Basic Clinic does not need a "messenger," as that function can be absorbed by others (e.g., Administrative Assistant)
  - o A Basic Clinic also does not need a cleaner, as a Clinic Aide can also assume this function as part of the infection prevention activities. In case of Basic with NVD, the Labor Room Attendant can support the Clinic Aide in this. Therefore, the title of Clinic Aide was suggested to be changed to "Clinic Aide cum Cleaner" or just "Clinic Assistant" to be more general.
  - o Guards will not be on the payroll, as SHN will outsource this function to a central agency (and/or local agencies)
  - o Driver will be added in support service if a clinic already has a functioning ambulance; otherwise, SHN will explore outsourcing ambulance service to existing service providers in the market.
- Clinic Manager, Administrative Assistant: A Basic Clinic that does not see a high volume of patients does not need both a Clinic Manager and an Administrative Assistant. The staffing review recommended eliminating either of these two roles. However, that change is not yet reflected in the revision of clinic org charts that followed, as it will be decided by the overall management approach of a cluster.

- Satellite Team: A satellite team was redefined to comprise of a Paramedic/SHN Health Worker and a Service Promoter. Clinic Aide is removed from the team composition. CSPs, for now and where applicable, are attached to satellite teams. The cluster approach is likely to further redefine SHN's approach to managing satellites and Community Service Providers (CSPs).

Cluster approach. Through the network optimization exercise, AUHC identified an opportunity to strengthen the network, driving efficiency through a more connected network. The cluster approach arose out of the realization that SHN needs a more robust unit of analysis and management than the current practice of regional management. The value addition by the regional team is not clear and compelling, and regional teams are not able to mentor and monitor clinics with adequate attention to details. A cluster approach looks at a collection of clinics bound together by their geographic proximity to each other. The AUHC team that engaged in detailed analysis of network data during the network optimization exercise identified as many as 37 clusters out of the 134 clinics spread across the country, each cluster containing 3-5 clinics. Satellite hubs which are currently attached to clinics, are also being considered to be distributed across the proposed clusters.

Another property by which clusters have been defined is the presence of an Advanced SHN Clinic. The preliminary mapping that identified the 37 clusters found an Advanced clinic in 26 of the proposed clusters. In the 11 proposed clusters where there are no Advanced Clinics, the team recommended that Basic Clinics in those clusters could be upgraded to Advanced Clinics, thus implementing a uniform cluster approach across the network that will strengthen SHN's value proposition to its clients all over the country.

An appealing aspect of this cluster approach is that it should increase cost efficiency as well as management efficiency of clinics. Most Basic Clinics, because of their limited service range and client load, do not need a clinic manager as well as an administrative assistant. An administrative assistant should suffice to manage operations of a Basic Clinic. This assumption was further extended to develop the hypothesis that SHN would be better off by appointing a cluster manager instead of having a clinic manager for each clinic. A cluster manager will be responsible for the performance of the 3-5 clinics in their cluster, thus dedicating the level of attention to details to a clinic's performance that is currently missing.

AUCH and SHN have been working together to solidify the design and hypotheses of the cluster approach, working towards testing this approach in a few clusters in the network in the beginning of Y4.

Standardized clinic operational costs. In Y3, AUHC worked closely with SHN to respond to USAID's request for standardized clinic operational costs by clinic type and location. A multi-step methodology was developed, and data analysis was completed in Q2. As a first step, the analysis focused on reviewing current cost ranges of clinics, which identified wide cost ranges for all clinic types; further analysis of outliers was also conducted. Next, AUHC worked with SHN to define standard clinic staffing structure and organogram by clinic type; this step was necessary to estimate standardized clinic operational costs. Based on this, AUHC completed initial estimates of standardized clinic costs by clinic type and location and shared this information with USAID on April 2, 2020. Additionally, AUHC worked with SHN to update the format of its monthly P&L statements, in order to better capture costs for clinic service delivery, outreach, and clinic management, and thus support future monitoring and planning.

RESULT 2: ACCESS TO AND UPTAKE OF ESSENTIAL SERVICE PACKAGE (ESP) EXPANDED

Overview of Accomplishments In Y3, the AUHC team improved access to and updated an expanded package of essential services by developing the Clinic Operations Manual, an important instrument for the regulation of each of the activities in the clinic and which will be rolled out during the first quarter of Y4. In addition, the AUHC team made notable efforts in the improvement and expansion

of service delivery, including key coordination with partners, government counterparts, and other implementers.

The role of Satellite clinics and CSPs was redefined to ensure the provision of services to the poor, continue the coverage of family planning services and fulfill commitments with GOB, as well as generate greater demand for services at the community level.

Y3 brought great challenges, including the reduction of personnel in charge of staff training within SHN clinics and a shift to distance training of health providers on various topics, including TB, client counseling, and infection prevention during COVID-19. AUHC adapted rapidly to use technological tools to support SHN staff at HQ and the clinic level.

IR 2.1 Enhanced service package offered through SHN

2.1.1 Establish management guidelines though the development and dissemination of a Clinic Operations Manual

During Y3, the AUHC team developed the Clinic Operations Manual. The general purpose of this document is to standardize SHN clinics and the services provided. It includes descriptions of the services, a list of minimum required equipment, clinic infrastructure guidelines, and a list of minimum required drugs and laboratory tests.

The document was developed to be used mainly by Clinic Managers and key staff members to operate the clinics according to their type and classification. Taking into consideration the three types of clinics that SHN has, Advanced, Basic and Satellite, the manual was developed to guide the static clinics and their respective Satellite services.

The manual consists of the following sections:

1. Organizational structure, which includes the mission and vision of the network and describes branding guidelines and the ideals of customer service, in addition to the types of clinics and general information on contacts and resources available in the network.

    2. The guidelines for services, which cover hours of operation; human resources and staffing processes; responsibilities, qualifications, and training needs of different positions; and importantly, the guidelines to provide health services by type, including clinic, pharmacy, laboratory, and imaging (with a summary of care guides and protocols). This section also includes the organization that the clinic facilities must have.

    3. Financial management that incorporates activities related to monetary administration, network optimization processes, fees, and discount policy.

    4. Records management, monitoring and evaluation, learning, and adaptation at the clinic level, data quality monitoring and management, reporting processes, HIMS management, as well as the management and reporting of government indicators.

Finally, this manual has a series of annexes that includes graphs, aids, checklists, and other resources.

This operations manual will be rolled to all 134 SHN clinics during the first quarter of Y4 of the project. AUHC will periodically evaluate the availability and utilization of this document and provide action plans as needed to close potential gaps identified during the assessments.

2.1.2 Assist SHN implement SHN new clinic typology

AUHC has contributed to reformulating the typology of SHN clinics. This process has included the integration of standardized information to define the types of services, facilities, and personnel that each clinic must have, carrying out the evaluation of both available services and the optimal ways to respond to the health needs that the populations that SHN serves have. The three types of clinics are now well-defined: Advanced, Basic, and Satellite.

As part of the clinic typology implementation, during Y3, the AUHC SDQA team closely monitored all Advanced clinics (53 total) to ensure the provision of services required by Advanced clinics and Satellites was on par, that they were staffed appropriately, and that quality standards were being met

(including ensuring availability of medications and of laboratory diagnostics). Due to staff cutbacks, this evaluation and reinforcement could not also be conducted with all Basic clinics. This activity will therefore continue into Y4, both during supervision and monitoring assessments and through the dissemination of the Clinic Operations Manual.

2.1.3 Improve SHN's capacity to provide services

This year, AUHC supported SHN in providing training to 4,679 staff on various topics, including client-centered counseling, infection prevention, full EMR, EMR online implementation, prevention of COVID-19 during normal service delivery, verbal screening and referral of TB, on-the-job refreshers of safe delivery and neonatal care, and syndromic case management of RTI/STI. At the beginning of the year, an infection prevention training was conducted in collaboration with Ad-din for 260 clinic managers, doctors, paramedics, lab technicians, labor room attendants, and cleaners. This training included both classroom and practical sessions, with a lecture and presentation, participatory brainstorming, experience and opinion exchanges followed by practical demonstrations to combine learned techniques with hands-on experience. Later, during the COVID pandemic situation, the AUHC SDQA team conducted additional infection prevention training utilizing virtual platforms for 510 service providers.

During the last two quarters this year, the COVID-19 pandemic had a significant impact on services and project activities. A re-adaptation of the training plan was made to mitigate budget and COVID-19 travel restrictions. Theory sessions were conducted online, but practical skills trainings have had to be put on hold. AUHC continues to monitor the COVID-19 situation, government restrictions and guidance, as well as the recommendations from the project Safety and Security Manager, to determine when travel and in-person trainings can safely resume.

The AUHC training team developed a training manual on COVID-19 to build the capacity of SHN clinic service providers and other staff to protect themselves and take preventive measures when providing services. Some 1,509 staff from 134 SHN clinics were trained on COVID-19 infection prevention during normal service delivery. Participants included clinic managers, medical officers, paramedics, CROs, lab technicians, pharmacists, staff nurses, clinic aides, cleaners, caretakers, service promoters, messengers, and guards.

AUHC also coordinated and oversaw a month-long on-the-job training on neonatal care for six paramedics of Chattogram Hill Tracts (CHT) in the Patiya rural, Patiya urban, and Ramu clinics in Chattogram division. Light House, a local NGO focused on capacity building of GOB doctors and general practitioners on STI case management, organized a series of trainings on syndromic case management of RTI/SI for doctors of different local organizations. SHN seized this opportunity and arranged for four doctors from Bagerhat clinic to participate in this training, which was conducted virtually by Light House, facilitated by

US AMBASSADOR MR. EARL MILLER VISITS THE SHN AFTABNAGAR CLINIC

Mr. Earl R. Miller, the U.S. Ambassador to the People's Republic of Bangladesh, visited the SHN Aftabnagar clinic in Dhaka on July 30, 2020. Ambassador Miller was accompanied by Mr. Xerses Shidwa, Director OPHNE and Dr. Pushpita Samina. The team observed how the USAID Bangladesh SHN clinic is continuing to provide essential services, such as immunization to the Bangladeshi people during the COVID-19 pandemic. During his visit, Ambassador Miller thanked frontline healthcare workers for sacrificing their own Eid celebrations to keep us all safe and healthy. Mr. Ambassador said of the health workers, "they are truly heroes!"

Bangabandhu Sheikh Mujib Medical University, and funded by the United Nations Population Fund and the Departmental Head (Dermatology and Venereal Diseases).

In August, as SHN prepared to offer TB services in all 134 clinics in different modalities (25 centers for DOTs and microscopy services, three centers for GeneXpert services, and the remainder of the clinics verbal screening and referral services), the AUHC SDQA team supported SHN to provide virtual training on verbal screening and referral of TB. A total of 703 staff from all 134 SHN clinics received this training. Participants included medical officers, paramedics, lab technicians, service promoters, and clinic managers.

Lastly, this year 1,321 staff were trained on full EMR and EMR online implementation as well as the Billing module.

2.1.4 Develop a continuing professional development plan for clinic managers

This year, AUHC provided technical support to SHN clinic managers to develop their capacity on clinic management in various aspects. About 94 clinic managers received training on client-centered counseling to increase their capacity to monitor the counseling process in the clinic, and 101 clinic managers were trained on the major components of infection prevention procedures, which is very important for improving infection prevention maintenance at clinic level.

As clinic managers are the focal person of a clinic, they should have knowledge about different services and their reporting. SHN plans to begin TB services in Y4, and clinic managers need to build their knowledge on TB services to be able to manage this program. AUHC supported them by providing orientation on verbal screening and referral, as well as the reporting system itself.

2.1.5 Develop a SHN internal referral system

The AUHC team developed a referral protocol and guidelines for Advanced, Basic with NVD, and Basic clinics. The team also elaborated a referral slip for clinics and provided technical assistance to SHN HQ and Regional Managers to implement this protocol and guidelines, and utilize the referral slips at the clinic level. After receiving the protocol and guidelines, each clinic developed and updated its referral center list and ambulance lists. A comprehensive orientation was provided via distance monitoring along with supportive supervision. This is a continuous process, which the AUHC QA team will maintain through distance monitoring during the COVID-19 pandemic.

2.1.6 Support the long-term and permanent method of family planning feasibility study

AUHCs service delivery and MERL teams jointly developed a rapid study on "uptake of modern family planning method among postpartum clients in Surjer Hashi clinics." Initially, the assessment was designed to be broad enough to capture primary and secondary data collection. However, due to funding constraints as well as COVID-19, AUHC pared back its plan to focus on doing a desk analysis instead. This is further described under section 5.1.

2.1.7 Help distribute information, education, and communication (IEC) materials to SHN clinics and ensure that they are being used

During the reporting period, the AUHC team carried out an evaluation of 32 different educational materials, job aids, and printed materials, to select those that should be used by the SHN clinics, based on the type and variety of services that each type of clinic provides. Ten Family Planning, seven Maternal Health, and six Nutrition materials packages were selected, and adapted for SHN. These have been disseminated to SHN clinics for use during counseling and service delivery activities at the clinic level. The team will continue to evaluate new materials through Y4 of the project to further build SHN's portfolio of helpful resources without causing information overload or saturation.

2.1.8 Work with SHN to implement TB services

During Y3, AUHC provided technical support to SHN to implement TB services in the network. Part of this support focused on enabling, managing, and giving continuity to the coordination and discussion of this plan with the NTP.

The implementation consists of several phases and types of services as follows:

1. **Verbal screening:** The plan is to have verbal screening and referral of presumptive TB patients in all the 134 SHN clinics so they can be referred to the nearest TB center for diagnostic and treatment services. AUHC supported SHN with the identification of the TB centers nearest to each clinic in order to create a referral linkage among all of them. During Y3, AUHC provided training to 703 service providers from 134 clinics on verbal screening, use of registration and referral tools, as well as TB prevention counseling. At the local level, during Y4 Q1, clinics will establish agreements for the appropriate referral of detected cases, as well as better coordination with their counterparts so that this can be carried out.

2. **DOT services:** 25 clinics were identified to provide diagnostic services through the microscope and delivery of direct oral treatment to positive TB patients. These clinics were selected based on various criteria, including geographic area, population targets, and lack of nearby TB services. As part of the process for its opening, NTP authorities made visits to various clinics to verify their feasibility to provide this type of services. Authorities were highly satisfied with the plan and the coverage that SHN can provide to new susceptible populations.

3. **GeneXpert diagnostic services**: AUHC supported SHN to plan and establish the processes to initiate diagnostic services with GeneXpert machines in three selected SHN clinics.

NTP officials conducted site visits to evaluate the clinics proposed to deliver high-profile TB diagnosis and treatment services, and provided recommendations for improvement. Overall, they were satisfied and intend to establish a long-term relationship with SHN, as these services will be implemented in Y4.

2.1.9 Develop and implement a model of eye care services in SHN

In Y3, AUHC and SHN initiated discussions with Essilor and DOT glasses to introduce refractive error correction services in the network. Essilor's approach has been to introduce Vision Entrepreneurs (VEs) with full-service solution for refractive error correction, including screening, vision testing, and provision of eyeglasses. DOT glasses are a more low-tech and cost-effective approach with off-the-shelf pre-fabricated glasses for common refractive error correction; they offer several pre-determined eyeglass prescriptions that will accommodate approximately 80 percent of the people that need vision correction. In the end, AUHC did not formalize a collaboration with Essilor as SHN could not commit to the scale Essilor required to implement the entrepreneurship model. Essilor was expecting to train close to 500 potential vision entrepreneurs in the SHN network, while SHN was not ready to provide that level of engagement, which would have required extensive efforts for resource mobilization and implementation and would have drawn attention away from other more critical and fundamental business initiatives it had planned. SHN was, however, interested in starting a small initiative with DOT glasses to introduce community-level eye screening and prescription glass distribution. This has stalled due to the present restrictions on community engagement because of COVID-19. AUHC and SHN will review this opportunity in Y4 when the time is appropriate to initiate community level interventions.

2.1.10 Participating with Jeeon in the study of referral systems from pharmacies to SHN

At the beginning of Y3, AUHC and Jeeon elaborated a plan to carry out a pilot of demand generation and referrals from pharmacies to SHN clinics in select geographic and clinical areas. The activity was, however, not pursued due to funding constraints.

2.1.11 Improving GBV services and services for most at-risk populations

AUHC provided guidelines to SHN clinics for delivering gender-based violence (GBV) services, and the screening format was reviewed and distributed among all clinics. Referral network lists in the clinics are in place, and service providers are trained to counsel the GBV clients and refer accordingly. Monitoring of the quality in the implementation and delivery of this service is currently being done remotely.

2.1.12 Improving nutrition services

During Y3, the SDQA team standardized nutrition services among the SHN clinics, providing instructions and guidelines based on GOB standards and protocols. Guidelines on how to deliver this type of service are as follows:

1. **Infant and young child feeding (IYCF) services:** Service providers must ensure growth monitoring practices (GMPs) among all 0-60 month old babies; height and weight of the babies should be measured and registered in the GMP cards. Providers need to counsel parents/care givers on the height and weight of the baby. Service providers should also provide counseling to ensure exclusive breast feeding for 0-6 months and complementary feeding for 6-24 months per GOB IYCF guidelines

2. **Malnutrition screening and referral to a higher level of attention:** Service providers will screen malnourished children, adolescents, and Prader-Labhard-Willi clients by using mid-upper arm circumference tape and the height and weight scale. After screening for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), service providers should refer SAM clients to the nearest GOB district Sadar hospital where SAM management units are available. In addition, SHN clinics' staff will provide treatment and clinical management to MAM clients.

3. **Adolescent nutrition services:** Service providers will provide counseling to all adolescents who come to SHN clinics with questions about nutrition, personal hygiene, hand hygiene, and menstrual hygiene. Information on iron-folic acid (IFA) supplementation will also be shared to raise awareness of anemia, particularly for girls who are more prone due to menses. Nutritional guidance on what constitutes a balanced diet will also be offered to reduce malnutrition in adolescents.

4. **Nutrition for pregnant and lactating mothers:** Service providers must ensure nutrition counselling for all pregnant and lactating mothers using job aids and visual tools, such as "the food plate" diagram. Service providers also need to provide information about the importance of nutritious foods and risks for low-weight babies. These services will include advice to parents on breastfeeding and best feeding practices; growth control and promotion of infants and young child feeding; advice on best practices during pregnancy; assessment of nutritional status during ANC; supplementation of iron, folic acid, and calcium; deworming; anemia management; and postpartum administration of vitamin A.

5. **Adult nutrition counseling:** For adult clients, service providers must give counselling regarding nutritious foods.

6. **Reporting:** Every month, clinics must send reports to SHN HQ for the following indicators:

   a. # of IYCF services and GMP for 0-60-month-old babies

   b. # of IFA tablets distributed among adolescents

   c. # of counselled Prader-Labhard-Willi and adult clients

Towards the end of Y3, a verification of compliance with this standardization was conducted during the remote supervision processes with staff of the evaluated clinics.

2.1.13 Improve WASH services and products

Jhenaidah Clinic, Portable WASH facility at clinic entrance, PC: Md. Dashir Uddin, Clinic Manager

AUHC supported 152 clinics in establishing transportable handwashing kiosks at clinic entrances, improving internal WASH facilities, and ensuring social distancing through an efficient crowd management system to combat COVID-19. This initiative sought to develop appropriate guidelines for clinics and cascade the capacity building training, to raise awareness of clients and clinic staff on the importance of handwashing and social distancing.

AUHC steered the development of handwashing and social distancing materials in Bangla following national guidelines and conducted interactive virtual sessions with SHN and Green Hill project management staff to disseminate them. AUHC developed a project eLearning toolkit, and shared it with SHN and USAID Bureau for Global Health (GH) regional offices and clinics, training 286 clinic managers and administrative assistants. These trained SHN and GH staff became the pool of master trainers who in-turn cascaded this training to1,867 clinical staff. The eLearning toolkits remain available within the clinics for use any time to provide refresher training activities.

Following this guideline, clients, and their attendants were oriented to ensure handwashing before entering the clinic. All clinic staff were also mandated to follow these protocols prior to entering the clinic. In front of clinic doors and waiting areas, posters were displayed with information on handwashing with safe drinking water.

Clinic managers were also oriented to ensure safe drinking water was available in waiting areas along with clean dedicated glasses.

IR 2.2 Increased informed demand for ESP

2.2.1 Training SHN staff in counseling

Last year, an external consultant, Jill Tebbutt, developed a training manual for client-centered counseling for the SHN service providers designed for participants to understand the uses and applications of customer-centered counseling in real situations. In Q1 of this year, the AUHC training team rolled this training out to 84 doctors, paramedics, clinic managers, and customer relations officers. Participants were encouraged to ask questions and discuss and solve problems in a group to improve their decision-making and problem-solving skills. The practical session involved demonstrations by trainers on how to correctly perform a given procedure/technique through role-play. Participants then practiced these techniques under trainer observation. A comprehensive checklist for counseling procedures was introduced that participants practiced utilizing.

Sylhet Clinic, safe drinking water and disposable glasses at waiting area, PC: Md. Gias Uddin, Clinic Manager

During the COVID-19 period, AUHC oriented an additional 239 service providers on counseling through distance training, bringing the total to 323 staff trained on customer-centered counseling.

2.2.2. Comprehensive ANC packages

AUHC service delivery and incubator teams worked with SHN to develop the ANC service bundle into a comprehensive service package to be introduced primarily in SHN Advanced clinics. This packaged service is designed to ensure a continuum of care amidst critical stages of a woman's pregnancy and PNC, and encourage institutional delivery. It is expected that the provision of a comprehensive service package will both increase client satisfaction and client service contacts, while also enhancing SHN revenue (increased number of clients are expected at the discounted ANC package price, with total revenue thus expected to increase). AUHC and SHN reviewed the package and plan to assess current practices in the private clinics and NGO clinics before introducing the package network-wide. Market research has been carried out by the incubator team on service bundling practices to identify the market practice in hospitals or clinics on ANC service bundle and delivery packages, combinations of the service bundle for ANC service and NVD, ranges of regular prices and pricing for the poor, most practiced payment methods, and clinic feedback from the customer's point of view.

During lockdown, a phone survey was conducted with select clinics, the findings of which are summarized below:

TABLE 2. FINDINGS OF SURVEY (OVER PHONE) ON ANC PACKAGE

Topics	Findings
Practice of ANC packages	None of hospitals/clinics offer ANC service packages
Pre-payment of ANC packages	Pregnant mothers have to travel to their maternal house during delivery time, so do not commit to long term contracts with a pre-payment process.
Package pricing for ANC and normal delivery	Every clinic has ANC pricing as per their pricing policy. Every clinic has NVD pricing including a labor room charge, bed charge, doctor/paramedic fee, basic medicine with delivery charge as per their own policy.
Discount	Some of the clinics have the option of a consultation fee on the follow-up ANC visits by the same client. There is no discount on lab services or U.S. government services. None of the private clinics have separate charges for poor clients, but some NGO clinics have discount card policies for the poor.

Based on these findings AUHC designed two types of comprehensive ANC service packages considering the socio-economic condition of the areas. This price list has been shared with SHN and will be piloted among five Advanced and five Basic with NVD clinics. Final package design and pricing will be based on the pilot tests. The following table present the two categories of the ANC services package:

TABLE 3. PROPOSED ANC SERVICE PACKAGES

Service Package Design					
1st visit	2nd visit	3rd visit	4th Visit	Total	
1. Registration fee 2. Consultation fee 3. Hb%	1. Hb% 2. Urine R/M/E 3. Blood Sugar	1. Hb% 2. Urine R/M/E 3. Blood Sugar 4. USG 5. Consultation fee	1. Hb% 2. Urine R/M/E 3. Blood Sugar 4. USG		

4. Urine R/M/E 5. TPHA/RPR 6. Blood grouping 7. Blood Sugr/RBS 8. HBsAG 9. Ultrasound (color USG)	4. U.S. government (USG) 5. Consultation fee		5. Consultation fee	
Recommended prices in BDT differentiated by regions			**Regions**	
■	■	■	■	■	Dhaka, Chattogram and Sylhet
■	■	■	■	■	Bogura, Khulna and Mymensingh

There are two types of proposed packages — one is for Dhaka, Chattogram, and Sylhet area and the other is for the rest of the area. As the service charge is different in each clinic, the price benefit is not the same for all. The Dhaka, Chattogram, and Sylhet SHN Advance and Basic with NVD clinics offering for ANC services average ■ for first ANC visit and ■ for second, third, and fourth visit. On the other hand, Bogura, Khulna and Mymensingh clinics offer average ■ for ANC first visit and ■ for second, third and fourth ANC visits. The price bundling offers ■ for first ANC visit and ■ for rest of the ANC visits in this region's clinics and another category of price offering in Bogura, Khulna and Mymensingh clinics ■ for first ANC visit and ■ for rest of the three visits separately considering the payment ability of the clients living in that community.

IR 2.3 Equitable access to SHN services for the poor and the poorest of the poor ensured

2.3.1 Increase access to SHN for underserved populations

The network optimization exercise recommended converting or transitioning 54 static clinics into Satellite hubs instead of closing them completely. These satellite hubs coordinate more than 1,400 satellite spots through 109 satellite teams and continue to offer services at the doorsteps of the communities. The majority of the clients who use the services at the satellites are the poor and underserved. In Y3, AUHC worked with SHN to strengthen the value proposition of the satellite sessions that are organized under the satellite hubs by standardizing the services to focus on screening for NCDs, strengthening referral of ANC patients to SHN static sites. In addition, SHN started allocating doctors by rotation to the satellite hubs so that satellite sessions could also refer patients to doctors at the satellite hubs on designated days. In the future, SHN will also expand access to lab services through satellite hubs by operating them as sample collection points for limited range of lab services.

AUHC facilitated an agreement between Sajida Foundation and SHN, under which two SHN clinics in Chandpur Municipality would provide healthcare services to the poorest of the poor identified by the European Union PROSHOMON Project being implemented by the Sajida Foundation. Under this agreement through a voucher scheme, 8,000 smart card holder households gained free access to health, nutrition, and family planning services. The two clinics of SHN were being reimbursed by the Sajida Foundation under this one-year agreement. AUHC also initiated a discussion with a project funded by UKAID and implemented by Concern Worldwide to link SHN clinics in the coastal area to similar demand-side financing schemes.

2.3.2 Develop new CSP and Satellite model

This activity is described under IR 3.1.

RESULT 3: COVERAGE UNDER SUSTAINABLE FINANCIAL SYSTEMS EXPANDED TO ENSURE EQUITABLE ACCESS TO HEALTH SERVICES

Overview of accomplishments.

During Y3, the AUHC incubator team developed a financial projection model to analyze SHN's key performance indicators over 2020–2022 and beyond, based on different network sizes and alternate business initiatives. The five performance indicators analyzed are service contacts, revenue, clinic operational cost, cost recovery, and financial deficit. The team developed the draft framework for SHN and USAID to understand the implications of these initiatives, as well as for SHN to monitor its double bottom line. The financial projection model uses SHN's clinic-level P&L statements for its baseline data; assumptions were defined based on business initiatives currently under discussion. The model will be further updated to align with SHN's strategic plan and investment plan as these are developed. AUHC also worked on developing a detailed approach for SHN to reposition its community outreach through the CSPs. This included developing a management approach to transition the CSPs from an honorarium-led model to a sales commission-based model and introducing an entrepreneurship model with an expanded product distribution role. The incubator team also completed analyses of the impact of extended hours and centralized drug procurement as tested in select clinics, as well as a business case for specialist services.

IR 3.1 Business strategies to provide financial protection for the poor and the poorest of the poor implemented

SHN's Strategic Initiatives and Vision for 2020–2022. SHN's two-year vision for financial sustainability was prepared through multiple discussions and iterations with SHN and USAID and covered the following areas of focus:

- Business accountability and behavior change
- Strategic planning
- Partnerships
- Incubation of business models
- Cost control
- Revenue growth
- Financial protection for the poor (poverty targeting, discount strategy, microinsurance, etc.)

A concept was developed outlining the impact vision, business model (services, systems, and sustainability) and approach to sustainability. Key strategic initiatives for 2020–2022 have been identified. Moreover, a cluster-based approach has also been recommended in order to improve network efficiency, allow for career progression of clinic staff, and reduce costs. The strategic plan will be updated accordingly and will be accompanied by the projected P&L and investment plan for 2020–2022.

Review of pro-poor service delivery models. The AUHC incubator team initiated a review of financial sustainability models in health-related social enterprises around the world. This review built on an earlier literature review conduced in Y1 of the project. The purpose of the review was also to understand the current landscape of the design and implementation of pro-poor service delivery models in healthcare. In financing, the gold standard of financial sustainability was long-held to be the absorption of project or program costs by the host-country government, but in recent years the role of private-sector, market-driven pathways to financial sustainability is becoming increasingly recognized.

Innovations in the models reviewed include the following, which may be relevant for further exploration by SHN:

- **Big data, artificial intelligence, and predictive analytics:** Many of the business models identified included dedicated data analytics or data insight teams, with at least one company deploying analysts to outreach sites alongside doctors and nurses. These teams harness clinical

and/or operational data to improve business processes and identify cost-saving opportunities, the feasibility of which can be further explored for SHN.

- **Telemedicine approaches:** Many models leverage telemedicine approaches to increase clinical coverage, efficiency, and scale, both by linking clients directly with clinicians, but also by linking staff at spoke sites to those at hub sites.
- **A broader range of revenue and income generation approaches:** Assessed models demonstrated a diversity of funding strategies, such as, group subscriptions, home drug deliveries, and business-specific pop-up clinics.

In publicly funded health programs, community-based lay cadres are widely used to extend basic primary and preventative care services to the community level at a low cost. Although the use of community health workers (CHWs) was rare among assessed business models, many of these models did include community-level engagement but this tended to be through temporary or "pop-up" events and engagement tended to be from a "corporate social responsibility" perspective, rather than as a key driver of revenue or profitability. The incubator will continue and complete the literature review and in Y4, and discuss relevant findings with SHN to incorporate in its strategic and business plans.

Finalize SHN business strategies. AUHC and SHN have started to analyze key business strategies using a financial projection model developed by the incubator team. The business strategies have both cost and revenue impacts on SHN's P&L. SHN has been advised to design business strategies by focusing on core service offerings, efficiency, and aggressive revenue generation activities. The exercise also helped identify a set of strategic initiatives for SHN for the period 2020–2022, for the 134 clinics organized under four groups in terms of their cost recovery and growth potential. The next step in developing the plan is to further flesh out SHN's business model, for example, to explain its market segments, service delivery, and outreach strategies. Furthermore, the strategic initiatives will be reviewed and detailed to develop into investment, marketing, revenue, and operations plans for SHN for the next two years (2020–2022).

Review of CSP operations. AUHC finalized a review of SHN's current CSP operations to understand the current status and areas for improvement based on how well it is aligned with the World Health Organization (WHO) CHWs Guidelines and Bangladesh's National Strategy for Community Health Workers. The review will help revisit the overall CSP model, including value proposition, operations, and incentives, to strengthen current CSP operations in underserved areas. The review found that SHN clinics did not have one harmonized approach for payment and management of CSPs and continued to use approaches from the different NGOs. It will be important to use the findings of this review to update and provide a unified and sustainable approach for CSP engagement.

Review of satellite hub performance. AUHC also initiated a review of satellite hub operations to measure performance, gauge whether the hubs were creating health impact by extending essential health services in the underserved areas, and identify ways to improve efficacy. Notably, AUHC and SHN decided to operate 41 satellite hubs during the first phase of network optimization. Out of these 41 satellite hubs, 27 satellite hubs have been closed during recent network optimization and 40 new satellite hubs have been identified. In total, SHN will operate 54 satellite hubs. Therefore, the review of satellite hub operation will not only inform the performance of the hubs currently operating but also help revisit and finalize the satellite hub business model for SHN so that satellite hubs can operate sustainably and contribute to the SHN's vision of double bottom line.

Financial protection for the poor through digital solutions. AUHC started discussions with three potential partners to explore pre-payment and insurance-based products in providing affordable access for the poor and poorest of the poor clients to access SHN's services. Access Health, a research and development project supported by USAID, has shown interest in collaboratively conducting market research with AUHC to explore potentials for introducing digital financial services targeted to SHN clients. AUHC, led by the incubator team, also held discussions with Digital Healthcare Solutions, an enterprise of Grameen Kalyan Trust, with the objective to co-create digital service (e.g.,

telemedicine), prepayment/insurance product options for SHN clients who cannot (fully or partially) afford healthcare services. Given budget constraints, AUHC will rely on the partnership with Access Health to design and test financial protection options.

IR 3.2 Improved financial sustainability of SHN through diverse revenue and funding

In Y3, the incubator team continued to prioritize ongoing analyses and market research on several planned revenue growth initiatives, namely extended hours, service bundling, specialist doctors, and centralized drug procurement. In addition, the incubator team designed and developed a financial projection model to estimate the potential revenue growth impact of these strategic initiatives and investments planned by SHN in their clinics.

SHN to monitor progress towards meeting the double bottom line. AUHC has designed a financial projection model and a draft dashboard to measure SHN's double bottom line that shows five performance indicators (service contacts, revenue, cost, cost recovery, and financial deficit) and their changes over the next two years. These performance indicators have been further disaggregated into urban and rural categories to better understand SHN's coverage in urban and rural areas. The dashboard will pull summary data from SHN's P&L statements and service statistics. AUHC will continue to support SHN to monitor the key indicators and update the dashboard based on SHN's business requirements and USAID's project management needs.

After developing a financial baseline, AUHC, in collaboration with SHN and USAID, conducted numerous financial projections for SHN by the end of year 2022. Upon discussion with SHN, AUHC incorporated several key assumptions to run the financial models. The assumptions have been validated through rigorous data analysis, market research, and an assessment report.

The first version of the financial modeling exercise was presented to USAID in December 2019. The exercise focused on 134 clinics, as identified through the network optimization exercise. In discussion with SHN, the analysis incorporated a series of business initiatives to increase revenue and reduce operating costs. The 134 clinics were analyzed in four groups, mostly based on cost recovery: Group 1 included 23 clinics with more than 70 percent cost recovery, Group 2 included 30 clinics with 50-70 percent cost recovery, Group 3 included 66 clinics with less than 50 percent cost recovery, and Group 4 included 15 clinics with other inclusion criteria (for example, based on GOB requirements) and had mixed/low cost recovery with average of 27 percent cost recovery. Assuming that the planned business initiatives are implemented with the projected returns, Group 1 is estimated to break even by FY2022, while other clinic groups will need to be cross-subsidized, with the network projected to break even by 2026 under one scenario. At the end of Y3, the groups were revised by clinic type and growth potential and the financial projections were updated based on SHN's investment plan.

This is an ongoing process for SHN as the financial models will incorporate month-to-month P&L data from clinics, updated assumptions, and the ongoing impact of the network optimization exercise. These financial models will enable SHN to make targeted business decisions and will be used as a basis for SHN's strategic plan to be completed in Y4.

Extended hours. In Y3, the incubator team completed the final report on extended hours implementation in 54 clinics, as a revenue generation initiative. As a potential revenue growth strategy during Y2, AUHC designed and prototyped the extended hours (EH) initiative for the SHN. The idea was centered around operating additional hours (5pm – 8pm) to attract new clients, including male and able-to-pay clients. Based on the lessons from prototyping in six clinics, AUHC recommended SHN to consider shifting clinics' regular operating hours from 9am – 5pm to 11am – 7pm as a cost-effective alternative to operating during optimized hours. SHN, realizing its importance, opted for operating 9am – 8pm by introducing a flexible eight-hour work shift mechanism in which the essential staff providing consultation, lab, and pharmacy services will work in shifts without compromising the service delivery during regular hours. Using this model, 49 additional clinics implemented the EH initiative, along with six prototyping clinics, starting in

November 2019. AUHC supported the monitoring and learning from this first phase in order to inform decision for full scale-up. Also, SHN employed minimum or no-cost marketing and communication strategies that were limited to informing the visiting clients and engaging CSPs to convey the message of EH initiatives to the local community.

Overall, findings substantiated the theory that extended hours bring additional clients, including new clients, and thus, additional revenue. Performance is higher for clinics with full staffing and facilities readiness, including at least a doctor, paramedic, lab, and pharmacy within the clinics. The assessment found that the EH initiative in 54 clinics yielded positive revenue during the EH, with an increase in client flow, including new and male clients. This is remarkable given the limited/no marketing and communication efforts to announce the EH initiative, beyond simple notices at the clinic. This may explain why the revenue during EH is relatively low compared with regular hours. Additionally, clinics with full staffing and readiness (including doctor, paramedic, lab, and pharmacy) generated more revenue during EH compared to those without this full staffing and readiness. AUHC recommends that SHN explore expanding extended hours in its fully staffed clinics.

In Y4, AUHC/SHN plans to operate EH operation in all the Advanced and Basic (with NVD) clinics.

Expanding SHN partnerships. In Y3 AUHC, together with SHN, was able to advance a number of partnerships with the private sector, including companies like bKash, Marico, Praava health, Square Toiletries, and ACI Consumer Brands. In addition to partnerships with the private sector, AUHC supported SHN to apply for a block grant of ▮▮▮▮▮▮ (▮▮▮▮▮▮▮) per annum to the Ministry of Health and Family Welfare (MOHFW) under code 2705 of its revenue budget. A few other initiatives were explored with potential partners in the health financing space, particularly with the intention of bringing innovative solutions to providing affordable access to the services of SHN among the poor and the poorest of the poor. AUHC has been facilitating discussions between SHN and development partners like Access Health and Digital Healthcare Solutions to explore digital healthcare and FinTech (financial technology) products and solutions targeted to the low-income clientele of SHN.

Application to the MOHFW. SHN's application for the block grant under revenue budget code 2705 was submitted on March 15, 2020. The application was duly received and was forwarded to the budget department. Since the MOHFW's revenue budgeting process for the FY2020-2021 was already at an advanced stage, the ministry did not consider SHN's application for this fiscal year. Subsequently, SHN chairman followed up with further letters to the secretary of DGHS for considering this grant application for the next fiscal year. In Y4, AUHC will work on an application package to request funding from the development budget of the ministry.

Collaboration with Access Health. On behalf of SHN, AUHC signed a non-financial memorandum of understanding (MOU) with Access Health, a global FinTech initiative supported by USAID. With Access Health, AUHC and SHN are going to engage in design and testing of potential products and solutions to bring to the clientele of SHN to provide affordable access to healthcare services. Under this initiative, AUHC and Access Health will explore opportunities for integrating financial services, offered through mobile and other technology platforms, to healthcare services delivered through SHN targeted to low-income clients in particular.

Digital Healthcare Solutions. AUHC and SHN have been in discussion with an initiative of Grameen enterprises, Digital Healthcare Solutions, earlier operated under the Telenor health, to explore digital health and micro insurance products to bring to the Surjer Hashi network. By the end of Y3, AUHC was in the process of signing a non-disclosure agreement (NDA) with Digital Healthcare Solutions to start sharing information and exploring opportunities for working together. In Y4, given budget limitations, discussions with Digital Healthcare Solutions will likely be combined with Access Health.

Marico. SHN entered an agreement with Marico Bangladesh under which Marico will be sampling four of their products in SH clinics. The products are baby lotion, baby wash, baby soap, and baby

oil. Marico plans to conduct a free sampling activity targeting 400,000 patients of SHN clinics and distribute products worth ███████ (███████). The activity is expected to create satisfied clients and result in more clients through word-of-mouth promotion. Moreover, SHN will also earn revenue from Marico in the form of a fixed fee of ██████ per product distributed. The sampling exercise commenced on June 29, 2020, covering 29 clinics in three regions — Dhaka, Chattogram, and Sylhet — by September 2020. It will be extended to 56 more clinics in these regions in October 2020 and extended to the other regions in the next phase. So far 29 SHN clinics received free products worth ███████████ from Marico for distribution among its clients.

Praava Health. Supported by AUHC, SHN signed an agreement with Praava Health for extended lab services on Aug 16, 2020 in the presence of USAID representatives. Twenty-six new lab services will be introduced in the network under this MOU. The initiative will be piloted with Praava in eight SHN clinics in Dhaka, then expanded to all the 42 clinics in the Dhaka region. Praava's logistical capacity for sample collection is currently capable of offering the services in the Dhaka region. However, Praava has been investing on expanding its logistical capabilities to expand into other main towns like Chattogram and Sylhet. SHN will also expand their service reach accordingly.

SHN clinic teams were trained by Praava Health in a day-long training and prices were finalized in comparison with Lab Aid, Popular, and Ibn Sina. The AUHC HMIS team worked alongside the SHN team to incorporate these new services, code them, and add to the EMR system currently being rolled out in SHN clinics. The EMR system was being introduced in the eight pilot clinics on a priority basis. SHN patients will now benefit from Praava's state-of-the-art facilities without having to travel, as Praava "runners" will collect test samples from SHN clinics and send reports by e-mail. In addition, under this partnership, SHN will be able to refer patients to specialist doctors in Praava. SHN projects revenue growth to the tune of ███████████ (███████████) in the first year as a result of this new partnership.

bKash. AUHC has been working with SHN to initiate telemedicine services in the SHN network in collaboration with bKash, the predominant FinTech platform in the country. During the COVID-19 pandemic, SHN introduced consultations with doctors and paramedics over phone and reached 18,585 patients in less than a month. These consultations were provided free of cost to the clients, but clearly indicated to SHN the demand for a new service delivery channel using a FinTech platform. AUHC and SHN started a discussion with bKash to develop payment option for clients to pay for online consultations. In August, SHN signed an agreement with bKash, and started the process of creating the mobile wallet for patients to pay into. Subsequently, SHN started the process of introducing telemedicine services at five SHN clinics on a test-basis using the bKash payment platform. AUHC and SHN teams worked together to develop SOPs based on patient journey and the payment platform in introducing telemedicine services from these clinics. SHN has been working with the bKash team to train clinic staff on the SOPs and the bKash payment option. AUHC's MERL team also worked to develop a monitoring & evaluation (M&E) framework for SHN to capture client and service data from this new service delivery channel. SHN is expecting to launch this new service delivery channel in November 2020.

Pran. SHN has been planning to introduce food corners in select clinics. The idea is to sell only packaged food and bottled beverages from these food corners. This would be done through a partnership with a leading FMCG (fast moving consumer goods) company. SHN has been pursuing a partnership with Pran. The potential partner will manage staffing and operations of the food corners. SHN will be able to cater to a need of its customers and offer superior customer experience, while earning revenue from rental space and margin from product sales. SHN is in the process of defining the scope of this partnership.

ACI consumer brands. Supported by AUHC, SHN initiated a discussion with ACI consumer brands to introduce handwashing corners in SHN clinics. Currently, a partnership proposal has been in discussion between ACI and SHN, under which SHN aims to have at least one handwashing corner in 10 SHN clinics where ACI will provide free bar/liquid soap support for at least six months. ACI is

expected to share a draft agreement by mid-October. This collaboration, in addition to the wash intervention, will provide an opportunity for SHN to leverage its brand building and marketing communication by co-branding and joint promotions with ACI consumer brands.

Others. As part of the service expansion initiatives, SHN has been in conversation with Fortis Group, Lab Aid, Universal Cardiac Hospital, and Popular Diagnostic Center. SHN intends to introduce new products through contract manufacturing of essential/hygiene/baby and family planning products, and initiated conversations with Incepta Pharmaceuticals, SKF Pharmaceuticals, Healthcare Pharmaceuticals, ACI-CB, PRAN and Social Marketing Company.

RESULT 4: IMPROVED QUALITY OF CARE

Overview of accomplishments: In Y3, the AUHC SDQA team continued to improve customer experience by reducing waiting time, providing technical assistance to improve the selected facilities, and providing remote assistance to improve the quality of service delivery. At the beginning of this year, the project faced significant funding constraints, which forced staffing reductions, including losing several quality assurance managers (QAMs), who provided capacity building and supportive supervision to SHN clinic staff. To offset this gap, the SDQA team adapted its assessment process for critical parts of service delivery and applied different methodologies and technologies to implement the QA/QI system remotely using digital tools. This distance monitoring protocol was designed, piloted, and implemented through Skype calls, document scanning, telephone calls, and videos taken in the clinic.

This process, which was completed in January 2020, proved to be quite serendipitous as the world was confronted with the COVID-10 pandemic, which forced us all to rethink how to implement activities while maintaining social distancing. Having been exploring ways to capitalize on remote platforms as a time- and resource-saving measure allowed us to rapidly adapt to new restrictions imposed by COVID-19 and continue to provide support to SHN and GH clinics at a distance through lockdown. offering telemedicine services to SHN clients as well as trainings to clinic staff through various web-interface platforms.

IR 4.1 Improved customer experience

4.1.1 Improve physical facility and clinic environment

Sylhet Clinic, Labor Ward, PC: Md. Gias Uddin, Clinic Manager

AUHC provided technical support to SHN to improve the facilities of four Advanced clinics at Sylhet; South Central Road, Khulna; Mymensingh; and Sherpur. The team assisted with the procurement of new equipment, renovation work, furniture layout , branding, and aesthetic harmonization. Renovations were completed with in-kind donations from landlords to the clinics at Sylhet and South-Central Road, Khulna. Now these clinics have enough cabins, spacious waiting areas, improved sanitation (such as gender-designated toilets that are cleaned regularly and include washbasins with soap), enhanced lighting, and ventilation. These measures will help the clinics to ensure optimal quality of care. In addition, CMs received orientation on how to manage clinic physical facilities and cleanliness to improve the environment.

4.1.2 Assist with the selection of appropriate IEC materials for SHN clinics

This activity is described under IR 2.

4.1.3 Develop client feedback tools and support SHN clinics for implementation

This year, the SDQA team improved and continued implementing the monitoring process to assess the quality of services provided by SHN clinics from the client's perspective, measuring the client satisfaction level. The team used a 10-question, semi-structured questionnaire that allowed them to assess client perception of the services received, interpersonal skills of clinic staff, waiting time, general cleanliness, infection prevention measures, and willingness to revisit or refer a friend or family member to SHN clinics. AUHC randomly selected clients from clinic service records and conducted phone calls to a total of **328 SHN clients** from **104 SHN clinics** to hear and learn about their experiences during their visits. The results from these surveys, which are presented in the graph below, proved particularly helpful to develop specific activities in clinic improvement plans and indicate that overall, satisfaction grew through the year, with slight fluctuations at the end of the year in Q4.
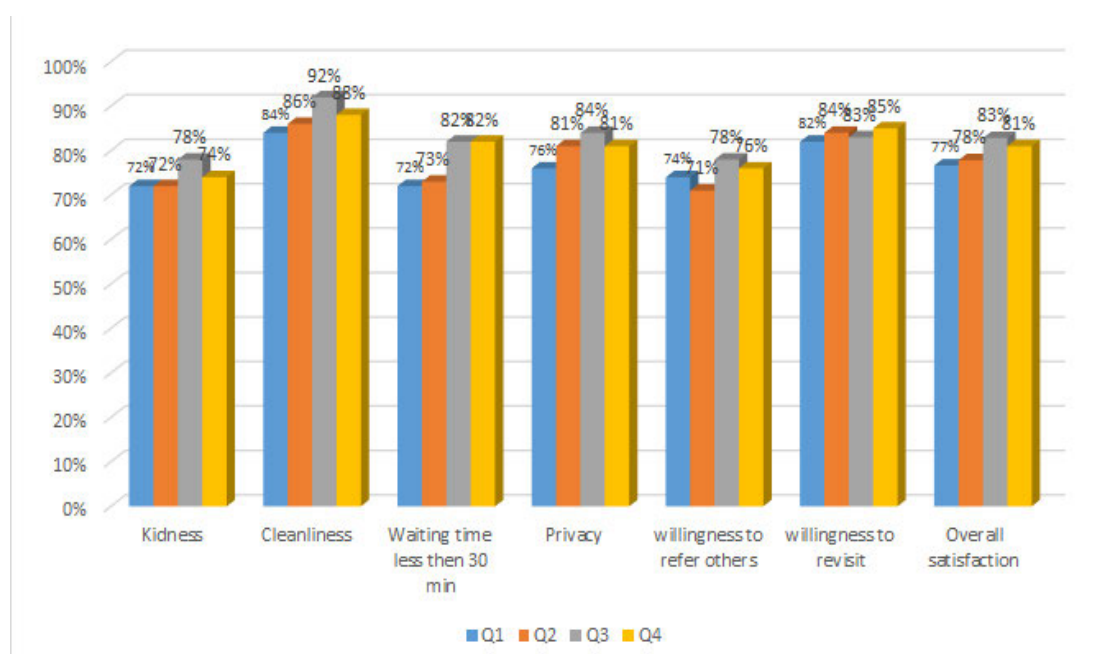
Figure 4. Y3 Clients Satisfaction Survey Results by Quarter %

Improving client waiting time:

Generally, SHN clients are waiting too long for services. The total transaction time for an OPD (outpatient) client can take 90-120 minutes. There are several different reasons for long waiting times:

a. Some clinics run EPI sessions every day. These sessions and EPI documentation (TT card and the EPI log sheet) processes are additional tasks that slow down services.

b. Some clinics see 40-45 new clients every day New client registration takes more time. Because registration is a bottleneck, the aim is to keep client registration to 10 minutes or less.

d. There is a lack of recognition by clinic staff that a client's time is also valuable. SHN needs to commit to a 30-minute transaction time window for OPD services.

In Q2, to improve client waiting time at SHN clinics, AUHC's SDQA team conducted client waiting time analysis among 25 SHN clinics in Dhaka city. Based on the analysis, a guideline was developed and piloted. The approach was adjusted based on the results. During the last quarter, AUHC collected feedback randomly from those clinics at Dhaka city, revised the guideline and incorporated in the clinic operation manual. The team also conducted a survey among 15 clinics in Chattogarm city that have large client flow. The following table shows the changes in clinics through the approach to reducing waiting time:

TABLE 4. CLINIC LEVEL CHANGES THROUGH WAITING TIME REDUCTION APPROACH

Topics	Improvements
Client waiting time	Clinic has reduced waiting time by maintaining a triaging system with color coded chair/token. Clinic is managing client's registration within 10 minutes. During rush hour, additional designated staff ensure quick registration of the clients by helping the CROs.
Total service time	The critical press points (waiting for consultants, USG, and lab tests) are now reduced to 15-20 minutes from 40 minutes. Total service time reduced to 35 minutes from 90 minutes.
Facilitation of Client journey	Clinic Aide and messengers are now managing better the flow of clients during rush hours (11am to 2pm). Clinic Managers regularly round the clinic and monitor staff in waiting areas and facilitate client flow.
Handling EPI clients	Some clinics designate a separate area for EPI clients. Clients other than EPI are coming in the non-EPI day (these are the days when clients are not coming for vaccination).

In Y4 Q1, this guideline will be introduced to the SHN clinic team and rolled out in the remaining 94 SHN clinics to create plans to reduce client waiting time.

IR 4.2 Continual quality improvement systems implemented

4.2.1 Monitor the implementation of the list of emergency drugs, equipment, supplies and essential drugs by clinic typology, services and support SHN.

This reporting period, the AUHC QASD team developed an emergency drug list, medical equipment list, temperature register book, and emergency medicine list for Advanced and Basic clinics. The AUHC QASD team shared these materials with SHN clinic staff and provided technical assistance to SHN service providers on how to use these tools. After facilitating orientations in utilization of these instruments, AUHC provided one-on-one support through quality monitoring and evaluation processes, which included collection of the instruments a day before the evaluation session to verify whether these are being used correctly, and whether the data recorded is what is required. Then during the supervision call, staff was provided with feedback and correction as needed to improve utilization. This feedback mechanism will continue in Y4.

4.2.2 Support SHN clinic upgrades

A very limited amount of clinic upgrades were performed this year due to budgetary restrictions, but what was done is described under IR 4.1.1.

4.2.3 Continue supportive supervision

At the beginning of the reporting year, the project experienced significant budget cuts, which resulted in the reduction in the number of QAMs, who were each in charge of one of the country's regions to carry out supervision and orientation visits focused on the SHN clinics staff. Health service provision activities always involve risks, especially of adverse events, and these risks were heightened due to the inability of providing face-to-face supervision. In response, the SDQA team adapted its assessment process for the critical parts of service delivery, using different methodologies and technologies to implement remote supervision. The team designed, piloted, and implemented a Distance Monitoring protocol through Skype calls, document scanning, telephone calls, and videos taken in the clinic, among other methodologies.

With distance monitoring and supportive supervision initiated using virtual platforms, it has been possible to monitor, in a limited way, a series of health services to mitigate risks and enhance quality of care. Checklists, auditing records, and feedback to suppliers have been crucial in implementing this process. Prior to the start of the monitoring session, clinic staff submit electronic patient records (scanned copies), including partographs, client consent forms, postoperative notes, emergency drugs log sheets, among others to be evaluated by the SDQA team. During the supervision call, checklists were applied, orientation was given, and action plans developed to close the gaps found. This process allowed to complete 111 evaluations: 38 to Advanced clinics (some of them received two virtual supervision visits), and 58 to Basic clinics. 659 clinic staff participated in this process, including 115 doctors, 296 paramedics, 124 clinic managers, and 124 from other positions. The focus was to evaluate the quality of services performed by service providers. The main components evaluated were the service delivery of ANC, NVD, C-section, ENC, facilities, documentation and in some cases, family planning. The team also reviewed 25 previous adverse event cases to review lessons learned from them and avoid future cases.

The following graph shows the data obtained from the remote supervision of Advanced clinics, both in the first virtual visit and the second. A comparison is provided indicating the averages obtained for each parameter evaluated and the general scoring. It is worth noting that there was a substantial improvement in the quality evaluated between the first and the second visit of **16 percentage points** in the total score, and an increase in ANC performance of **33 percent between** one evaluation and another.
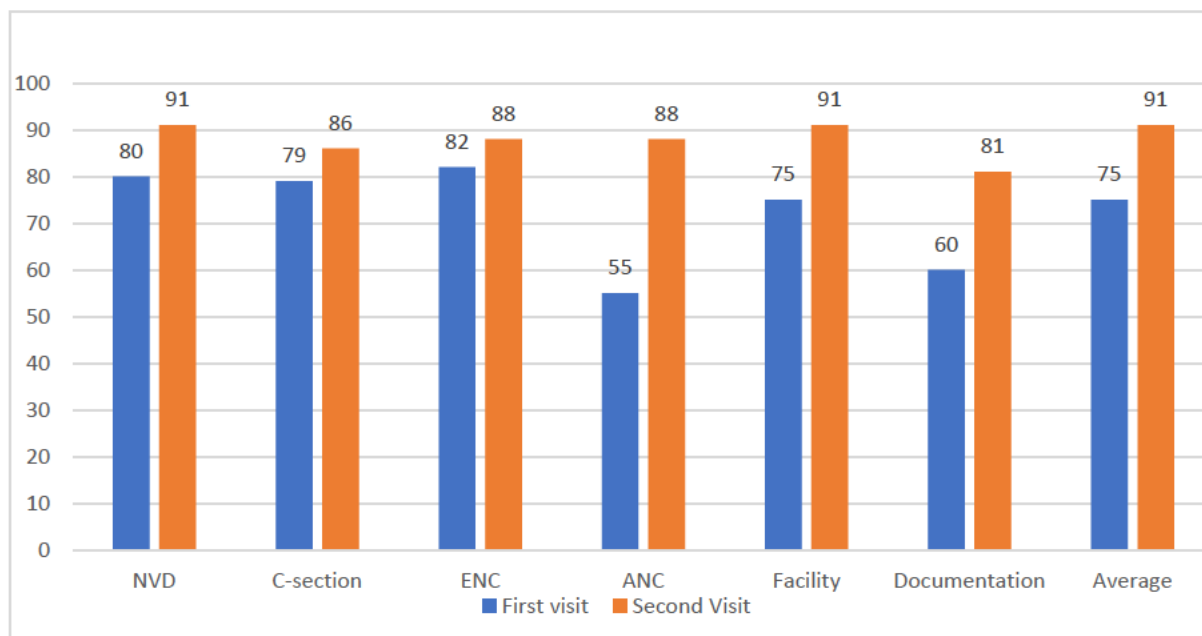

Figure 5. Advanced Clinics Supervision Scoring

The graph below provides an evaluation of the averages obtained differentiated by type of clinic From this, it is evident that the Advanced demonstrate better management, understanding and application of quality standards, compared with Basic clinics.
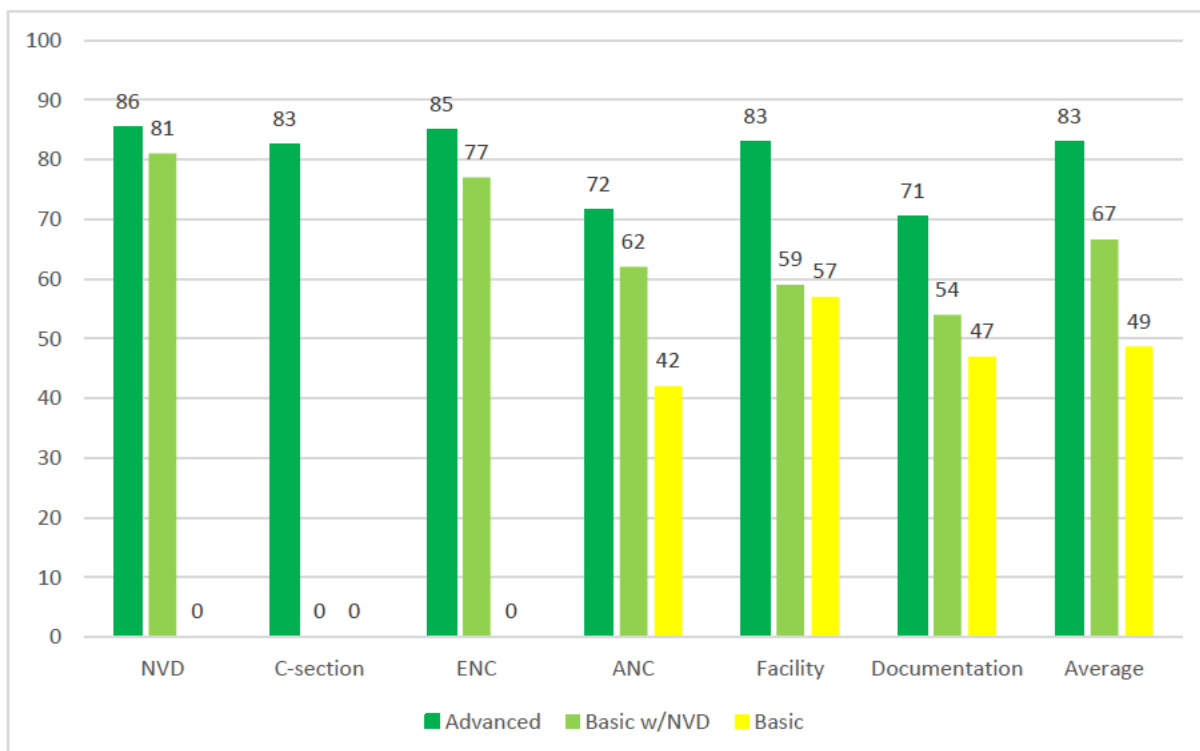
Figure 6. Average Scoring by Clinic Typology %

COVID-19 adaptation: In the face of the COVID-19 pandemic, the SDQA team developed simple guides and instructions in Bengali on how to deliver maternal and child health services and family planning while appropriately using protective equipment, maintaining social distancing, reinforcing processes for hand hygiene and water, and other techniques. In addition to the guidance and training provided to SHN staff, AUHC has continued the application and implementation of these protocols through virtual supervision visits where the protocols for hand washing, use of personal protective equipment (PPE), social distancing, prevention of infections, among others, has been maintained. Doctors in the AUHC team also volunteered to directly answer phone calls from SHN clients and responded to over 1,000 phone calls.

4.2.4 Monitor Adverse Events (AE)

The AUHC QASD team created and adapted a guide in English and Bengali for the systematic implementation of the Pregnant Woman Risk Assessment Form. This form must be used in antenatal control and will define which cases have a high risk of complications so that they can be referred to more comprehensive services for better management to avoid adverse events in both the mother and fetus/newborn.

AUHC also implemented improvements both in the methodology and the time of investigation and reporting of AE. The adapted guide for the management and investigation of AE and for the referral of complicated cases was shared with 38 Advanced and 58 Basic clinics providing guidance on its use and the appropriate way to do the documentation. This guide is supplemented with job aids on infection prevention, among other instruments that are part of the comprehensive management of adverse events.

As part of this complex prevention-reporting-gap closing exercise, the AUHC team provided technical assistance for the investigation and reporting of 11 AE (5 neonatal and 6 maternal deaths) that occurred during Y3. Prior to this system, there was no clarity about the cases of AE that occurred; there was no reliable report and the data was not accurate making the reporting of these cases complex. Now, there is a system that makes it possible to classify these events, follow up, establish better referral chains, document 100 percent of the cases, and create a plan of action to troubleshoot issues and avoid future recurrence .

Patients also play an important role in their health management. To further empower clients to recognize their responsibilities AUHC developed and distributed an informed consent for all procedures performed in an SHN clinic, with special attention geared towards patients delivering babies.

IR 4.3 SHN staff are skilled and retained

At the beginning of the fiscal year, AUHC adapted and began implementing the Adoption Ladder, a fairly well-known methodology that aims to improve the level of commitment of selected health providers to be promoters of quality of care within SHN clinics. Fifty-five health providers were included in this classification process, and a plan was developed to increase their level of commitment to the network. The plan was unfortunately suspended when the number of QAMs was reduced, but it will be reactivated once SHN hires its new service delivery specialists.

In addition, AUHC continued evaluating the level of satisfaction employees have with their jobs and activities they perform in the network. Through a telephone survey, 28 randomly selected providers were interviewed. This random sample indicated a 94 percent satisfaction rating with their job. A comprehensive report presenting positive feedback and areas for improvement was provided to SHN for them to address.

During this year, the QASD team supported the AUHC training unit to provide physical and virtual training for 4,679 staff of all 134 clinics (see details in IR2). In addition, 35 paramedics from Green Hill clinics received training in Advanced Chattogram clinics by qualified health providers for delivery care, provision of ANC, and newborn management, among other important topics to avoid AE.

RESULT 5: IMPROVED PROGRAM STRATEGIES BASED UPON LESSONS LEARNED

Overview of accomplishments. AUHC MERL activities consist of four key components: Research, Learning, M&E. Year 1 and 2 were focused on research studies and M&E systems introduction. In the first 2 years, the MERL team completed four research studies and established an M&E framework along with necessary tools to ensure performance measurement, data quality, analysis, and reporting within AUHC, SHN, and GH. In Y3, the MERL team prioritized setting up an interactive collaborating, learning and adapting (CLA) approach to share implementation knowledge and adaptation in future program planning. The MERL team has operationalized a learning lab to organize lessons learned for evidence-based decision-making in Year 3. During the COVID-19 pandemic, the virtual learning lab provided crucial support for routine service data collection to synthesize them for reporting and operational decisions.

The MERL team provided business insights to AUHC and SHN for strategic decision-making on network optimization and SHN financial projections. A major task that MERL completed in Y3 was to establish a final list of project performance indicators incorporated in the Performance Monitoring Plan (PMP), in consultation with USAID. The indicators' definitions and targets were set through collaborative discussions with AUHC teams, SHN, and GH. The updated AUHC MERL plan was submitted to USAID on September 30, 2020. This will serve as the guiding document for project performance monitoring as well as the end line evaluation at project closure. To translate AUHC's PMP into the USAID's Development Information Solution (DIS), the MERL team worked with USAID Office of Population, Health, Nutrition and Education (OPHNE) on several occasions. USAID will train AUHC staff early next year for access permission and direct reporting into DIS.

The MERL team organized several project workshops and learning events in Y3. These include the project annual reflection workshop in December 2019 and the semi-annual review meeting in June 2020, where SHN strategic initiatives services and quality, systems, and sustainability were discussed as guided by the USAID OPHNE team. The MERL team organized three Pause and Reflect workshops to share and discuss the project learnings and adapt them into strategies going forward. In addition, the team organized SHN quarterly review meetings to guide SHN on its work plan

activities and services target. As part of capacity building efforts, the MERL team trained SHN and GH's MIS team on clinic database management and quality reporting.

In Y3, the MERL team collaborated effectively with the AUHC technical team, SHN, and GH to prepare regular COVID-19 situational reports (sitreps) for timely submission to USAID. The team also organized several reports and data analysis for USAID including: Performance Plan and Report (PPR) report, Social Behavior Change Communications report, Host Community data, Adolescent Healthcare data, Measles Outbreak Information in Rangamati, and analysis of key service statistics in SHN's 134 clinics.

As a part of showcasing AUHC's learning and success, the MERL team developed seven success stories and learning briefs in Y3. Where needed, the team provided supportive supervision to SHN and GH to produce quality results and reports. The team also built their capacity to perform data quality assessments and quality reporting. This capacity transitioning effort will continue throughout Y4, so that SHN and GH can perform MERL activities independently in the future.

IR 5.1 Capture learning through documentation, research, and analysis

5.1.1 Technical assistance to finalize research/study/assessment methodology and quality control across result areas

The AUHC MERL team provided extensive data analysis support to the AUHC technical team and SHN for informed decision-making on the network optimization process, such as identifying the effective network size going forward. SHN completed the network optimization in July 2020 based on this analysis. In addition, the team completed extensive analysis on a clustering approach for the SHN network where a combination of basic and advanced clinics will work as an interconnected network under one central management. This will strengthen SHN's clinic management efficiency and reduce financial burden. The team also supported a financial projection exercise for the network going forward with realistic cost recovery and financial sustainability milestones.

SHN Bogura clinic EPI services

The MERL team worked intensively with USAID on a key service trend analysis of the 134 SHN clinics. The team developed a database for USAID with static clinics' service performance on family planning, maternal health, nutrition, and child health. Dr. Kanta Jamil and Dr. Pushpita Samina presented the analysis in a coordination meeting with SHN and AUHC on July 27, 2020 and advised SHN to perform similar exercises to increase program performance.

CHT Matiranga satellite EPI services

The team also prepared a service database for 134 SHN clinics with three years of key services trends by quarter and year. This was accompanied with a photo collage of face mask and child immunization for SHN and CHT clinics which were submitted to USAID on August 11, 2020 to observe "Mask Week 2020."

5.1.2 Conduct rapid assessment and impact evaluation for capturing lessons to improve SHN services and revenue growth

At the beginning of Y3, the MERL team planned for several rapid assessments, but because of resource scarcity and the COVID-19 pandemic, most could not be conducted except for

postpartum family planning (PPFP) desk research. The team conducted a desk assessment of "uptake of modern family planning method among postpartum clients in Surjer Hashi clinics." There were constraints with the field data collection caused by COVID-19 travel restrictions so AUHC pursued an alternative data collection method to complete the assessment using HMIS patient records. The team collated data from 20 HMIS piloted clinics to analyze the status of PPFP services, and explored gaps by analyzing ANC and PNC services with PPFP counseling, and uptake of modern methods during the postpartum period in SHN clinics. A ten-month (August 2019 to May 2020) data set was used for analysis of PPFP services and counseling. Key findings and recommendations of PPFP research are highlighted in the table below.

TABLE 5. FINDINGS AND RECOMMENDATIONS OF PPFP DESK RESEARCH

Findings	Recommendations
• There is a big gap between ANC and PNC services with PPFP counseling. • There is a gap between PPFP counseling and uptake of PPFP. • A large number of missing service contacts from PPFP counseling compared to ANC and PNC services. • There is a gap between women who delivered in SHN clinics and uptake of PPFP.	SHN needs to provide refresher training to the service providers on the importance of PPFP counseling and uptake. SHN should reduce the gap between ANC and PNC services with PPFP counseling by ensuring PPFP counseling for all pregnant women. SHN needs to emphasize on uptake of PPFP. SHN should obligate PPFP counseling from ANC first visit, in line with WHO guidelines.

5.1.3 Establish learning lab for capturing continuous learning from intervention areas

AUHC's Learning Framework was developed in Y2, and subsequently operationalized in Y3. Basic knowledge and skills have been transferred to SHN and GH MIS teams to capture lessons from the implementation sites through a Learning Lab - which is a virtual platform that AUHC has created where SHN/GH managers can share lessons learned and successes. The MERL team has observed a marked increased utilization of the learning lab during the COVID-19 pandemic for reporting and operational efficiency. The team oriented SHN and GH colleagues to use the platform to report service statistics and success stories, and prepared periodic USAID sitreps and developed succinct stories using lab data and information provided through the Learning Lab. This approach to capture evidence-based learning builds upon the "Query-Identify-Findings" model.

5.1.4 Maintain and update existing MIS system as per project requirement

The AUHC MERL team has a two-faceted database maintenance activity. First, maintenance of the existing Access database that has been utilized in 152 SH clinics. Second, supporting the HMIS team to test and roll out the electronic registration and billing system across the network. For the first, the team incorporated new service codes in the Access database together with service fees. MERL provided a refresher training to SHN central and regional teams to enable them to cascade this training at the clinic level for adapting the changes in the database. Examples of new services codes include; lab services, fistula screening, PNC fourth visit, blood pressure, weight, first aid, nebulizer, measles, specialized doctor consultation, and bed rental.

For the HMIS activity, the MERL team supported AUHC and SHN with the EMR to capture full datasets for SHN's performance indicators reporting. The MERL team documented lessons from pilot implementation and provided insight to the HMIS team for incorporating in further rollout decisions. The team established regular coordination with the HMIS team to share program updates for a synchronized implementation of HMIS. To document updated data management procedures, the MERL team incorporated an elaborative section on "Monitoring, Evaluation, Lessons and Adaptation" in the SHN clinic operations manual.

AUHC MERL and HMIS teams jointly visited Jatrabari and Bashabo clinics in January 2020 to provide guidance on the pilot implementation with data validation. Together they found the clinics were sufficiently oriented on the EMR system and utilizing it without major challenges. They also triangulated data from different source documents and validated it with EMR, Access, and CRS. The team found that total revenue and service contacts matched. In February 2020, MERL worked with the HMIS team to evaluate reporting consistency for 20 piloted clinics and recommended the closure of the Access system from 14 clinics where there was consistent data accuracy in Access and EMR systems for last couple of months. The other six clinics have closed as a result of the optimization exercise. MERL also worked with the HMIS team to train SHNs MIS team on the EMR billing and registration module on April 26, 2020.

5.1.5 Conduct data quality monitoring and on-the-job orientation for SHN staff as part of supportive supervision

In Y3, the MERL team conducted both a physical and desk-based quality assessment (DQA) in light of the COVID-19 pandemic travel restrictions to ensure data quality of the network. In Q1 of Y3, the MERL team visited six clinics in the Dhaka region to conduct a physical DQA. The team found that data reporting errors in static and satellite clinics have reduced, but service providers still have a limited understanding of how to record child resuscitation contacts. The MERL team also found some duplicate entries of the same customer record sheets. In the remaining quarters, the team conducted DQA through desk review, which included an analysis of MIS and HMIS data on selected indicators. The team employed different validation rules to check the quality of data entry and accuracy of input entry for reporting. The key findings of desk based DQA are highlighted below.

- Data entry errors were less than 5 percent.
- There were some "Null" entries that should be corrected.
- Inconsistencies in the CSP service data (e.g., data shows that CSPs are providing lab tests, implant, and IUDs, which is not possible).
- Inconsistencies in satellite data (e.g., satellite teams indicated providing doctor consultancy, which is not possible).
- Comparing EMR and Access data, the MERL team found clinics facing challenges entering complete CSP and satellite data into the EMR system.
- A large number of missing service contacts from PPFP counseling compared to ANC and PNC services.

Based on the findings, MERL provided guidelines, and on-the-job orientation to SHN and GH MIS team to improve data accountability and management system as part of supportive supervision.

5.1.6 Revise MERL plan considering current network size and strategy for SHN service channels

In Y3, AUHC submitted the sixth version of the MERL plan to USAID on February 4, 2020, based on the network size of 312 clinics (292 clinics of SHN and 18 GH clinics). The plan was further updated and submitted on September 30, 2020, with necessary updates to the PMP indicators. The key considerations were SHN's current network size of 134 clinics after network optimization coupled with suggested indicators from USAID. For example, static clinic service contacts, SHN organizational capacity development, and SHN partnership contribution towards financial sustainability. The updated PMP also removed outdated indicators which SHN stopped reporting on. These changes have a trickle-down effect on baseline setup and target revision for Y4 and Y5. To this end, AUHC organized a meeting with USAID on August 4, 2020 and settled on the revised target for service indicators. In Y4 Q1, the MERL team will be able to organize a technical discussion with USAID and SHN to finalize the MERL plan following comments from USAID.

The MERL team met with AUHC result leaders, SHN, and GH to define the new indicators with revised targets. Together they analyzed the historical data for 134 SHN clinics and 18 GH clinics to set up a realistic benchmark and targets. AUHC worked with USAID guidelines to consider Y2

achievements as the baseline for the new indicators as SHN has experienced a drop of service contacts, particularly during the COVID-19 pandemic. The analysis was instrumental to determine realistic targets for service delivery indicators as well as financial projections for the next two years.

IR 5.2 Apply learning to program activities

5.2.1 Develop and maintain learning tracker for wider sharing of project lessons

The Learning Tracker is an operational component of the Learning Framework and Lab. The tracker displays new knowledge and evidence so that SHN, GH, and AUHC can track field experiences to capture learning briefs and successes. The team introduced the learning tracker in the form of a Google Spreadsheet and trained AUHC and SHN MIS teams to update implementation knowledge and experiences. The MERL team applied the best use of this tracker during the COVID-19 pandemic to capture key events that eventually turned into success cases and shared them with USAID. As part of the supportive supervision, in Y4, AUHC will support SHN and GH to adopt the learning tracker to effectively capture lessons learned from project activities and interventions.

5.2.2 Continuous support to SHN on the PMP indicators, baseline and targets as part of MEL plan

In Y3, AUHC MERL provided extensive support to SHN on developing program indicators, periodic reporting outlines, and work planning inputs. The team trained SHN and GH key personnel on those program tools in April 2020.

In September 2020, the MERL team worked with SHN and GH to revise the service indicators and targets for the next two years. There are some indicators incorporated in the AUHC PMP which were suggested by USAID and subsequently added into the SHN and GH reporting indicators as well. Going forward, AUHC will provide on-the-job training to the SHN and GH MIS teams to capture data using the updated database management system and reporting indicators. Previously, the project settled on 43 performance indicators for SHN to report on a monthly basis.

AUHC also supported SHN to incorporate lab tests service codes which arose through a partnership with Prava Health. SHN requested the AUHC team to develop an ad hoc reporting template for partnership performances because the suggested lab service codes were not included in SHN's regular reporting system through Access or EMR. AUHC suggested this ad hoc reporting system for the pilot phase. Based on the lessons, AUHC can support SHN to generate new service codes to insert in common reporting system, once this will be rolled out networkwide in Y4.

5.2.3 Data synthesis and support report writing for network optimization

In Y3, the MERL team supported the network optimization exercise using a scientific methodology and analysis of SHN services and revenue data. Six variables were considered combining service statistics and product revenue from both the static and satellite clinics for a weighted average. Nine months (April to December 2019) of data was analyzed to rank the 294 clinics into four categories: Good, Average, Poor, and Very Poor. The analysis categorized the clinics by the following: 46 good, 139 average, 74 poor and 35 very poor.

The AUHC MERL team is the hub for data repository and analysis of project activities. The team developed several databases and provided business analytics that served AUHC, SHN, GH, and USAID in business decision-making. The MERL team presented the network optimization findings to the SHN program sub-committee meeting on June 25, 2020 to demonstrate how data informed decision-making throughout the exercise. The final clinic size determined through the optimization exercise was developed with analysis of service contacts, potential for satellite spots, CSP requirements and competitive landscape. The SHN board concurred with the network size and clinic closure plan after reviewing the data and analysis done by the AUHC team.

The MERL team also assisted with the CHT clinic optimization in collaboration with USAID. Upon in-depth analysis of services and clinic operations, the team presented two recommended approaches to USAID in March 2020. The first approach was reducing the number of clinics from 18 to 10 based on key performance indicators. The second approach was reducing and optimizing the number of staff from the GH head office and clinics. In consultation with USAID, the optimization of staffing in GH clinics was determined as the way forward. The AUHC MERL and Grants teams worked with GH to implement the recommendations from USAID on the new staffing design. The major changes in the org structure were

Figure 7. Clinics current and proposed organogram

replacing the clinic manager position with a senior paramedic, eliminating the service promoters and CHW positions, and reducing the number of CSPs.
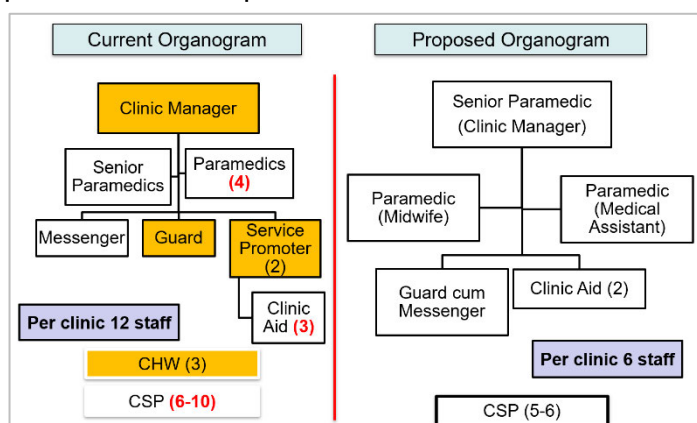
5.2.4 Analyze service statistics, client information, project indicators and revenue in different project interventions

Several databases were developed for USAID in Y3. MERL has shared with USAID the SHN host community information with a number of service providers and key service indicators; and SHN service database on FP, MCH, and LCC for Cox's Bazar database (covering six clinics) in April 2020. These were also updated with COVID-19 service impact and resubmitted on May 17, 2020. USAID used this information for a strategic decision-making meeting on the Cox's Bazar Rohinga influx and host community healthcare issues.

AUHC provided adolescent health information to USAID for the national adolescent health strategy dissemination and adolescent health conference held in January 2020. The team worked with Dr. Kanta Jamil on the forecasting of measles vaccination for the next two years. AUHC also provided service statistics, catchment population, revenue, and cost data for urban clinics to USAID, and provided host community information on Cox's Bazar's 25 clinics.

The MERL team also projected service contacts from 2020 to 2022 based on different business assumptions. The team accompanied ThinkWell to present the business projections for Y4 and Y5 before USAID. Following the decision from USAID, MERL has finalized the service indicators with targets based on these assumptions.

In Y3, the MERL team supported the Compliance Monitoring Unit (CMU) in grouping the audited clinics based on several indicators under program, finance, and operations for a management dashboard to decide on further intervention. The team also tracked the clinics' family planning compliance from visits through the Survey CTO database. Additionally, the team supported AUHC service and quality team to track FP compliance and present findings to the AUHC family planning compliance committee every quarter. Along with the activity, AUHC facilitated the dissemination of the revised Tiahrt posters to the SHN and GH to display the new posters following the guidelines provided by USAID.

When COVID-19 started in Bangladesh, the MERL team steered coordination meetings with SHN and GH to obtain updated service statistics information to inform program management and USAID on a regular basis. This helped to mitigate new challenges that appeared for clinic operations in the COVID-19 pandemic situation. Clinics were mostly closed at the beginning of the pandemic, but several key static clinics were design in discussion with the national and local health administration. The city corporations and municipality authority requested SHN to start EPI services as concerns

rose that children were not taking their vaccines on schedule. Taking into consideration these national concerns, AUHC and SHN gradually reopened the EPI centers. AUHC supported SHN and GH to source required PPEs, face shields, sanitizer, and hand gloves from different private and public organizations. Both SHN and GH experienced a significant fall in in-person service contacts, particularly in family planning and child health during March to May 2020 as satellite spots and CSP home visit operations were closed. In contrast, the incorporation of telemedicine services led to a huge uptake of this offering. AUHC and SHN have therefore initiated dialogue with country's biggest mobile money service provider bKash to pilot revenue-generating telemedicine services in 5 clinics l early next year.

IR 5.3 Disseminate learning on UHC to target audiences

5.3.1 Organize AUHC technical workshops/meetings/dialogues

AUHC organized several technical meetings and workshops in Y3 related to MERL. The AUHC annual review meeting on December 9, 2019 and the semi-annual review meeting from June 1–3, 2020 were the most important ones in terms of programmatic strategic decisions. The objective of the review meeting is to provide AUHC work plan progress updates to USAID and solicit ideas for the improvement of project activities. In the annual review meeting, USAID suggested AUHC develop service and financial scenarios for SHN with realistic assumptions to achieve project intended objectives in the next two years. The semi-annual review meeting discussed SHN's business strategy moving forward with three key thematic areas: systems, services and quality, and sustainability.

To strengthen the program performance of SHN, AUHC organized SHN review meetings every quarter where SHN presented progress updates in the areas of service statistics and financial health. In this reporting year, MERL has facilitated three such meetings: on October 21, 2019; January 23, 2020; and April 21,2020. These meetings were instrumental for AUHC and SHN to track consistent progress over the quarters against performance targets. The team found these meetings were also vital for implementing network optimization action plans, updates on compliance monitoring, partnerships progress, strategic planning, SHN technical assistance needs, HMIS, and outreach strategies.

AUHCs pause and reflect workshops is another critical component of our learning framework. The MERL team organized three of these in Y3 to share AUHC's lessons learned, major accomplishments, challenges, and ways forward. The topics covered were network optimization implementation strategy, SHN's business strategy development approach, and adapting future programing to the covid-19 reality. The outcome of these workshops has been disseminated to AUHC and SHN moving forward to bring coherence in project implementation activities.

This year the MERL team participated in several USAID meetings. There was a call with implementing partners on social and behavior change communication messaging and communications during the COVID-19 pandemic in April 2020. AUHC collaborated with USAID's Compliance Monitoring Unit (AUAFP) activity and consulted their eLearning toolkit to develop a COVID-19 preparedness training material for SHN clinics. MERL also participated in the USAID TB roadmap and business case positioning touch-base on May 12, 2020, hosted by USAID OPHNE, to determine SHN TB activities and outcome measurement indicators.

In Y3, AUHC contributed to the rapid assessment of "COVID-19 Impacts on Development Needs and Priorities" conducted by USAID Bangladesh Monitoring, Evaluation and Learning (BMEL) Activity. BMEL interviewed AUHC Chief of Party and Director MERL as key information interviewees in three sessions from July 7-9, 2020. We shared lessons learned through clinic operations through the pandemic situation — family planning, maternal and child health concerns, adolescent health issues, priority needs, overall customer behaviors, services provider needs, telemedicine services, etc. We also shared our strategies to obtain buy-in from local and national health administrations to avoid service interruptions within facilities.

MERL also participated in several discussions with Access Health to discuss a partnership to build on maternal health service affordability. MERL presented the maternal health data to Access Health to

enable them to analyze and design a feasible health scheme. More details on this partnership are described in section 3.2.

Finally, the MERL director participated in USAID Bangladesh virtual research dissemination program on August 13, 2020. The research on "Transmission dynamics of COVID-19 in Bangladesh: Results from Dhaka City" was the first large-scale study on COVID-19 conducted in Bangladesh which has been conducted jointly by Institute of Epidemiology Disease Control And Research (IEDRC) and International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b).

5.3.2 Generate AUHC periodic reports for USAID and Government of Bangladesh (annual, quarterly, PPR, social behavior change communication, emergency sitrep)

The MERL team is responsible for periodic reporting to the USAID and other stakeholders including the Government of Bangladesh. Y3 began with drafting the Y2 annual report for AUHC management to submit to USAID. MERL submitted a PPR report on October 9, 2019 to Dr. Kanta Jamil, USAID. AUHC's MERL team also spearheaded periodic COVID-19 sitreps since April 2020 for USAID. All the reports have been structured as per USAID guidelines in coordination with AUHC, SHN, and GH management.

In Y3, AUHC submitted eight COVID-19 sitreps that have been submitted to USAID. MERL coordinated the services delivery meeting with SHN and GH, which was instrumental for preparing an inclusive sitrep for different stakeholders. The infographic shows the service statistics of maternal health, child health, and telemedicine services which have been delivered so far from SHN and GH clinics during the COVID-19 pandemic. AUHC observed a downtrend in family planning, reproductive health and child health services. The EPI and Vit A services was severely hampered. Usually, the Government of Bangladesh organized semi-annual (July and December) nation-wide Vit A campaign, but due to COVID-19, the July 2020 campaign was deferred (please refer to PMP for service contacts).
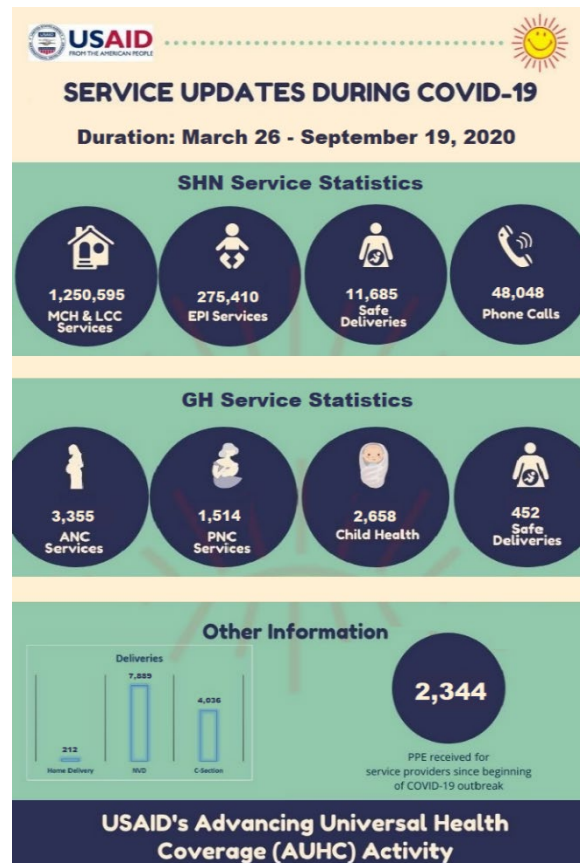
Figure 8. USAID infographic showing service statistics updates during COVID-19 pandemic.

5.3.3 Develop and disseminate project communication materials (success stories, visual documentation, fact sheets, and intervention brief)

The AUHC MERL team supported the elaboration of project communication materials, particularly success stories, learning briefs, and technical documents in collaboration with SHN and GH. In Y3, this scope has extended to providing capacity building support to SHN and GH so that they can develop these materials, including quarterly reports and workplans, on their own. The MERL team led several supportive supervision initiatives to build SHN's capacity to showcase project successes and lessons. Introducing the learning tracker was one of the major initiatives that MERL led in Y3. The team also trained SHN and GH MIS teams to track implementation successes at the clinic level through SHN regional teams and oriented them with the tools and techniques to perform DQA.

In Y3, AUHC developed following project communication pieces:

1. Learning brief on "Implementing Quality Assurance/Quality Improvement systems in SHN Clinics" that was developed and shared in the Y3 Q1 report.
2. Case study on "Combating Measles Outbreak in Chattogram Hill Tracts (CHT) Area: Response from USAID-funded Smiling Sun Clinics managed by Green Hill."
3. Success story on "Handwashing and Social Distancing to Prevent the Spread of COVID-19."
4. Success story on "USAID's SHN moves towards self-reliance through strategic partnerships."
5. Success story on "SHN Patiya clinic put smile on Ms. Kulsuma Akhter with a baby girl while a private hospital referred to CMCH due to delivery complications."
6. USAID-funded SHN clinics receive "Best Private Voluntary Organization" award for remarkable healthcare performance
7. Success story on "USAID's Surjer Hashi clinics provide gender-sensitive, quality and affordable healthcare services for the women, adolescent and children through female providers."

Additionally, AUHC supported SHN to develop an SHN fact sheet for printing and wider distribution. The team collaborated with USAID and the AUAFP activity to collect the latest approved version of the Tiahrt poster with proper guidelines and disseminated it to SHN and GH for printing and distribution to the clinics. The MERL team also discussed with SHN to reinstate the SHN newsletter on a quarterly basis to document quality accomplishments of the network and clinics.

AUHC presented an abstract titled "Community Health Workers of Surjer Hashi Network: Scopes, Challenges and Prospects" at the Second International Symposium on Community Health Workers held in Dhaka from November 22-24, 2019. The honorable Minister of Health and Family Welfare unveiled the Bangladesh National Strategy of CHWs and chaired the symposium, at which policymakers, practitioners, researchers, and academics from 35 countries participated. The audience was particularly interested to hear about SHN's incentive mechanism and quality control aspects for the CHWs.

The AUHC MERL team is the point of contact for service delivery coordination and data quality control for the 18 CHT clinics managed by Green Hill. For effective program implementation, MERL has established a regular service coordination dialogue with GH management to guide them on achieving quality deliverables as planned. In Y3, AUHC supported GH on service expansion, reporting, and program monitoring. GH has secured DTC approval from DGFP, which has broadened the scope of expanding family planning services in underserved areas with greater coverage. The MERL team also supported GH to establish a liaison with central DGHS officials which helped CHT clinics launch the Government vaccination program in collaboration with the local health administration. AUHC communicated with USAID on regular updates on the "Measles Outbreak" in the Rangamati district and disseminated important information for GH to take part in the medical health campaign in the affected areas. Recently, GH managed local health officials and started vaccination services in CHT clinics in collaboration with the GOB EPI program.

USAID's Surjer Hashi Network moves towards self-reliance through strategic partnerships

United States Agency for International Development (USAID) has been supporting the healthcare service delivery network in Bangladesh for the last two decades. USAID's Advancing Universal Health Coverage (AUHC) Activity is a five-year project designed to transform the Surjer Hashi Network (formerly Smiling Sun) into a sustainable, pro-poor social enterprise supporting the health needs of the poor, particularly in key areas of maternal and child health, family planning and urban health service delivery. AUHC is introducing innovative business and operational models, create research-based health service packages for the poor, and developing new health service delivery channels to provide quality, affordable, basic healthcare to the population of Bangladesh. SHN is currently stands decisively at 134 static clinics, consisting of 54 satellite hubs and 401 satellite teams, that cover 54 of Bangladesh's 64 administrative districts.

As the network shifts towards a financially sustainable social enterprise, one of SHN's key strategic objectives is to become self-reliant and financially sustainable through private sector partnerships. AUHC is supporting SHN to develop a partnership framework and pipeline of major partnership opportunities that will help mobilize additional resources and optimize resource utilization resulting in greater customer satisfaction, retention, and new customer acquisition, by augmenting its value proposition.

> **SHN's partnership objectives**
> - Service/network expansion
> - Product extension and expansion
> - Customer acquisition, retention
> - Brand Extension
> - Financial protection of the poor

One such partnership, is with Marico Bangladesh Limited (MBL), a public limited company engaged in manufacturing; marketing and selling of Fast-Moving Consumer Goods (FMCG) associated with

leading brand names like Parachute, Parachute Advanced, Saffola, HairCode, Nihar Naturals, SetWet, Liovn, Just For Baby, Studio X etc. MBL is interested to provide product sampling within SHN clinics, thus building product visibility and associated services for its brand, Just for Baby ("JFB"). The agreement, which was formalized in April 2020, is a 'win-win' for both the SHN and MBL.

Under this agreement Marico will sample four of their products in Surjer Hashi clinics: Baby Lotion; Baby Wash; Baby Soap; and Baby Oil. Marico will provide free sampling for up to 400,000 SHN patients, an offer valued at ███████ (███████). SHN shall provide samples of MBL's JFB products to mothers who come for their last ante-natal checkup, and parents or guardians who come in for a regular baby checkup and/or for baby immunizations. In addition to increased client satisfaction and

client footfall, SHN will earn revenue through sampling. SHN will claim ██████ (████████) per sample.

The first phase of this partnership was initiated in June 2020 in 29 SHN clinics in three administrative divisions namely Dhaka, Chattogram and Sylhet.

The second phase pilot will be launched in October, 2020 scaling up to 56 SHN clinics. SHN

Partnership performance to date:

- 29 SHN clinics have received **46,580** products.
- The value of these products is approximately ████████.
- 29 SHN clinics have distributed 8,246 products to SHN clients.
- SHN has billed Marico for ████████

plans to evaluate these phases after three months based on client reach and revenue gain before extending the program into clinics in three additional divisions - Mymensingh, Khulna and Bogura.

SHN envisioned a lumpsum gain of ████████ per annum from this partnership activity which is a milestone for SHN to become financially sustainable over time. Going forward, SHN emphasizes developing a partnership framework and pipeline with renowned private sector giants in the health and financial sector to generate new revenue stream. Meanwhile, SHN has collaborated with bKash- a mobile based financial solutions for fastest and safest medium of financial transaction in Bangladesh to support financial transaction for the telemedicine services in SHN clinics. SHN has established a memorandum of understanding with Praava health through which SHN will offer a wide range of lab services from seven clinics in Dhaka city. In addition, SHN is moving forward with Pran Group, Square toiletries, ACI consumer brands to create a strategic business partnership for revenue gain.

USAID-funded Surjer Hashi Network (SHN) clinics receive "Best Private Voluntary Organization" award for remarkable healthcare performance

World Population Day, established by the Governing Council of the United Nations Development Programme in 1989, aims to raise awareness on global population issues including the sexual and reproductive health needs and vulnerabilities of women and girls. The theme of 2020 was *"Putting the Brakes on COVID-19: How to Safeguard the Health and Rights of Women and Girls Now?"* in light of the COVID-19 pandemic affecting marginalized groups and increased difficulty in access to services.
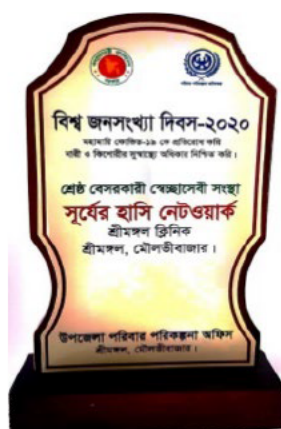
On July 11, 2020, during a World Population Day event graced by the Prime Minister of the People's Republic

"USAID-funded SHN clinics are providing effective FP and MCH services in remote areas to achieve FP and MCH goals. SHN clinics received 'best private voluntary organization' award for remarkable performances among other private organizations. I wish them to continue good work."
Md. Kutub Uddin (Join Secretary), Director FP, Sylhet Division, Sylhet

of Bangladesh, six clinics from Surjer Hashi Network (SHN), which is supported by USAID through the Advancing Universal Health Coverage (AUHC) Activity, received the "Best Private Voluntary Organization" award for remarkable performances among private organizations in providing effective Family Planning and Maternal and Child Health services in remote areas. The selection committee, formed by the Directorate General of Family Planning (DGFP) of the Ministry of Health and Family Welfare (MOHFW) and led by the Upazila Family Planning Officer (UFPO), Medical Officer-Maternal and Child Health (MO-MCH), Upazila Nirbahi Officer (UNO), and Chairman Upazila Parishad, evaluated family planning (FP) and maternal and child health (MCH) performance based on management information systems (MIS) reporting, effective collaboration and communication with government counterparts, inventory management and physical monitoring. In the category of best organization, SHN six clinics (Chhatak, Habiganj, Jaintapur, Moulvibazar, Sreemangal and Sunamganj) of the Sylhet division received the 'Best Private Voluntary Organization' Award 2020.

Recognition of these clinics within the Sylhet division is exceedingly noteworthy as the region lags behind on almost all health indicators compare to the national average. To help redress this, USAID's AUHC Activity supported the Surjer Hashi Network– (SHN) - a social enterprise of 369 clinics that provide quality, affordable, basic healthcare to the population of Bangladesh in 61 out of 64 districts across the country - to provide critical FP, MCH, nutrition, immunization (EPI), tuberculosis (TB) and non-communicable diseases (NCD) services in collaboration with the MOHFW, the Ministry of Local Government, Rural Development and Co-operatives (MOLGRD&C).

Together AUHC and SHN built strong partnerships with divisional heads of the family planning and health services department, as well as city corporations and local administrations to provide primary healthcare services for almost 1.14 million catchment population in Sylhet division. AUHC supported SHN's two Advanced clinics, 19 Basic clinics, and 33 satellite teams (covering 460 satellite spots including tea estates and hard to reach areas) to diligently apply GoB guidelines and processes to take stock of FP and MCH commodities, forecast demand monthly using the DGFP MIS 3 form, and provide performance data to the deputy director of family planning.

Between July 2019 to June 2020 SHN clinics in Sylhet met healthcare needs of the population by:

- Distributing 57,664 cycle packs of female oral contraceptives, 17,591 twelve-packs of condoms, 12,110 injectables and 104 long-acting reversable contraceptives (LARC), amounting to 7,760 couple-years of protection for clients.
- Conducting 28,059 ANC check-ups; 1,635 safe deliveries; 2,923 PNC visits, 2,930 Essential Newborn Care (ENC) services;
- Treating 30,729 diarrheal and 1,750 pneumonia cases.
- Providing 20,613 Iron Folic Acid (IFA) supplements and 24,466 Infant Young Child Feeding (IYCF) and 21,442 growth monitoring services.
- Administering 27,788 child vaccines.

Even during the COVID-19 pandemic, SHN worked hand in hand with GoB to provide continued healthcare services safely while other private clinics were closed or offering limited services. At the request of the local health administration, SHN also kept EPI centers active to maintain child vaccination coverage – while implementing social distancing and careful infection prevention measures to protect staff and clients. In addition, the clinics provided 3,312 telemedicine services to clients who could not visit clinics due to the COVID-19 pandemic. The district and subdistrict family planning offices also collaborated with SHN to set up special camps in SHN clinics to provide clinical contraception services (Implant, No Scalpel Vasectomy and Tubectomy) and raise public awareness through a campaign which engaged local health officials, administrations, and elected representatives to showcase clinic activities and increase demand for services.

AUHC and SHN are proud of this recognition for their achievements. Beyond offering a tremendous boost to clinic staff morale, it is hoped that this award will translate into a growing client base for the network. As Ms. Komuron Begum, SHN client from the Jaintapur Clinic shared: "*I confidently choose SHN clinic for Depo Provera injections that credited over periods as the clinic staff are committed for providing services with a special care*".

> "*We are thankful to DGFP for this recognition. I will manage SHN board to send appreciation to winners. I will also facilitate a learning session on regional performance for adaptation to other clinics*".
>
> **Mr. Abdul Motin, Acting CEO, SHN**

USAID's Surjer Hashi clinics provide gender-sensitive, quality and affordable healthcare services for the women, adolescent and children through female providers

USAID has been supporting massive healthcare service delivery network in Bangladesh for last two decades. USAID's Advancing Universal Health Coverage (AUHC) Activity supports the Surjer Hashi Network (SHN), a pro-poor, gender sensitive social enterprise that provides quality, affordable, basic healthcare to the population of Bangladesh since 2018. The network started with 369 clinics, and as of 2019 gradually stands at 274 clinics that cover 61 out of 64 districts across the country. In addition, AUHC supports the non-governmental organization (NGO) Green Hill to manage 18 clinics in Chattogram Hill Tracts (CHT). The network provides family planning (FP), maternal and child health (MCH), nutrition, expanded program on immunization (EPI), tuberculosis (TB) and non-communicable diseases (NCD) services in collaboration with the Ministry of Health and Family Welfare (MOHFW), Ministry of Local Government, Rural Development and Co-operatives (MOLGRD&C), and Ministry of Women and Children Affairs (MOWCA). SHN contributes to the Government's universal health coverage (UHC) agenda to achieve Sustainable Development Goal #3 and SDG #10 targets by creating access to healthcare services for women, adolescent and children through women service providers.

Since inception, AUHC accounted for almost 24 million country-wide population coverage with 399 static clinics, 10,000 satellite spots and 6,000 community service providers. Thus far, the project has accounted for 98.4 million service contacts of them 83% are women and children. In contrary, SHN has 745 female service providers out of 836 total service providers (includes doctor, paramedic, medical assistant, SHN health worker, lab technician, labor room attendant).

> **Between October 2017 to June 2020, clinics provided healthcare to women and children by:**
> - 98.4 million service contacts
> - 2.58 million CYP achieved
> - 3.6 million ANC; 0.5 million PNC
> - 99,227 safe deliveries
> - 3.7 million nutrition counselling through IYCF and 30 IFA tablets
> - 2.4 million GMP; 0.6 million ENC
> - 3.0 million child vaccinations
> - 4.1 million child diarrheas; 431,217 child pneumonia

AUHC drafted a gender integration plan for SHN with an objective to empower women whether be it the staff or clients. SHN mission and vision have embedded women empowerment in the overarching business strategies that delineated in the governance structure and systems. SHN has 29 female clinic managers that efficiently and effectively managing healthcare business. Although currently there has been a bumpy ratio in the SHN C-Suite, but SHN HR policy suggests giving preference to women contenders in future openings. Nevertheless, SHN existing female and male staff ratio is 70:30.

Every year, SHN clinics observe the International Women Day (IWD) in collaboration with MOHFW and MOWCA nationally and locally. SHN participates in the national rally and dialogue organized by MOWCA. Locally, in collaboration with the district and sub-district administration, SHN clinics observe the day colorfully. The network also observes the 'World Health Day'; 'World Population Day (WPD)'; 'Safe Motherhood Day'; 'Breastfeeding Week'; 'Family Planning Week' etc. in collaboration with relevant public and private partners. Complying with the national MOWCA guideline, SHN established 'Breast Feeding' corners across network of clinics. Each year, SHN clinics receives WPD awards from directorate general of family planning of the MOHFW since inauguration.

Following GoB and WHO guidelines, SHN addresses women, children and adolescent friendly health centers in many ways that is outlined in the box below. SHN emphasizes building partnership with private organization to set up health and hygiene kiosks as well as adolescent friendly health corners in 134 clinics to facilitate adolescent counselling for menstrual hygiene and adverse effect of early marriage and pregnancy.

SH clinics key services and facilities that promotes women, adolescent and children empowerment

- Equitable healthcare services for all irrespective of age, sex, gender
- Breast feeding corners
- Adolescent and youth care corners to maintain confidentiality
- Screen and refer Gender Based violence (GBV) part of routine health check-up
- Couple or family counselling for informed decision making
- Privacy for separate toilet for women and men
- Adequate sitting arrangement females and family members
- Women focused health and nutrition messages in outreach program
- Offer integrated telemedicine services for women with restricted mobility
- Husband/family members allow for couple/spouse counselling.
- Separate toilets for women and men, breastfeeding room available
- During COVID-19 pandemic, set up social distancing and wash corners in 134 clinics

SHN is developing short term business strategic vision with three key premeditated focuses on services and quality healthcare; governance and systems; and financial sustainability that augmented women and gender integration into the strategic adaptation and program implementation. Going forward, SHN will continue acquiring women's insight and responses throughout patients' journey that will help further streamlining the gender approach. Alongside, SHN by virtue of its mission be positioned as a gender sensitive organization ensuring gender equity and equality.

COLLABORATION

Ministry of Health and Family Welfare. In Y3, AUHC collaborated with the MOHFW and its key entities, for example, DGFP, DGHS, and National Tuberculosis Programme (NTP). AUHC provided tremendous support to SHN for securing DTC approval of 294 clinics at the beginning of the year. In this regard, AUHC seconded a technical advisor in the DGFP to assist them in scrutinizing SHN's application status prepare a package for accelerating approval process. AUHC has provided technical support to GH for securing DTC approval for 18 clinics from DGFP. Now, GH is collaborating with CHT local-level DGFP officials to receive family planning commodities and service allocation in hill districts. AUHC also linked GH with the DGHS officials to start vaccination services in CHT clinics. Recently, GH has started EPI program with the GOB.

AUHC presented SHN's TB roadmap of verbal screening, microscopy diagnostics, DOTS services, and GeneXpert machine installation in USAID's TB partners meeting led by NTP on December 23, 2019. After that, several dialogues with NTP officials were organized to fulfill NTP's prerequisite to launch a TB program in SHN clinics. The NTP line director Prof. Shamiul Islam, Director MBDC & Line Director TBL & ASP and USAID TB advisors were present those meetings. AUHC supported SHN to map out 25 SHN clinics for microscopy diagnostics and DOTS services, and two clinics for GeneXpert machines. NTP expert physicians have already visited four SHN clinics (Mirpur, Manikdi, Ahammed Nagar, and Manikdi) on August 31 and September 1, 2020 and recommended some infrastructural changes for infection control and patient eco-friendly sites as per national TB guidelines. NTP officials also have recommended that SHN can be included in the NTP's TB master plan for next two years.

AUHC has collaborated with IEDCR through DGHS for the national COVID-19 preparedness guidelines to practice in SHN and GH clinics. AUHC has supported SHN and GH to translate guidelines on infection prevention, general COVID-19 preparedness, PPE use, social distancing and hygiene practices, and train the service providers.

AUHC has communicated with IPHN Line Director to receive national communications materials on nutrition service, e.g., IFA tablets distribution among pregnant women, lactating mothers and adolescents' clients and Competency Training on Nutrition (CCTN) modules. AUHC has received hard copy of CCTN modules, but others remain in the pipeline.

Ministry of Local Government, Rural Development and Co-operatives (MOLGRD&C). In this reporting period, AUHC collaborated with MOLGRD&C on ensuring urban health for city corporation and municipality areas. AUHC participated in All-Party Parliamentary Group discussion of the Bangladesh Parliament on Poorest of the Poor and Urban Poor populations on November 24, 2019. The meeting discussed potential collaboration and how to ensure health service data reporting through DHIS2. As a follow-up, AUHC took part in a meeting called by Director MIS of DGHS on December 10, 2019. There were 30 SHN clinics operating in city corporation and municipality buildings allocated by the MOLGRD&C for providing healthcare services to the poor and poorest of the poor. The approximate rent of these premises is ███████ in a year.

Alliance for combating TB in Bangladesh (ACTB). In Y3, AUHC collaborated with icddr,b on a new TB flagship award named ACTB to strengthen TB care platforms with an integrated TB diagnosis, management, and prevention package in a social entrepreneurship model. In this regard, AUHC and ACTB jointly mapped out SHN's 11 clinics in Sylhet, Dhaka, and Chattogram from where presumptive TB cases will be referred to nearest icddr,b TB clinics. To advance the social entrepreneurship model, icddr,b has proposed that SHN to take over a GeneXpert and X-ray machine from its closing clinics in Chattogram.

Accelerated Universal Access to Family Planning (AUAFP). In Y3, AUHC collaborated with USAID's AUAFP activity on many occasions. First, AUHC presented SHN's adolescent health data to USAID

and AUAFP to use in the national adolescent health strategy dissemination and adolescent conference 2020. AUHC also installed a live satellite clinic session in the dissemination program where the honorable minister was present as chief guest. AUHC participated in implementation partner meetings organized by AUAFP on family planning service delivery coordination during the COVID-19 pandemic. The objective was to strengthen partnership among implementation partners for stock-taking and providing uninterrupted family planning services for the population of Bangladesh during COVID-19.

MaMoni Maternal and Newborn Care Strengthening Project (MNCSP). In Y3, AUHC has collaborated with MaMoni MNCSP activity on many instances. AUHC has adopted the job aids, flipcharts, and messages on ANC, delivery, PNC, and nutrition developed by MaMoni for SHN clinics. AUHC collected government family planning, maternal health, and child health registers and forms from MaMoni to review and incorporate into SHN EMR. AUHC met with Dr. Minara Chowdhury, Senior QI Advisor of MaMoni to secure her technical guidance on the SHN clinics accreditation process. Dr. Minara suggested collaborating with Bangladesh Society for Quality and Quality Improvement Secretariat to start practicing quality guidelines in selected SHN clinics to meet the prerequisites of the accreditation system.

Sajida Foundation. In Y3, AUHC supported SHN to develop a partnership with Sajida Foundation to serve extremely poor households in two SHN clinics under Chandpur Municipality. Under this partnership, Sajida Foundation issued 8,000 smart cards to extremely poor households to access a free health, nutrition, and family planning services package from SHN Chandpur and Puran Bazar clinics. This is a one-year agreement with Sajida Foundation implemented by the European Union-funded PROSHOMON project where SHN will capitalize ▮▮▮▮▮▮▮▮▮. In last eight months two clinics served 3,062 clients that credited ▮▮▮▮▮▮▮ as service revenue and ▮▮▮▮▮▮▮ from RDF sales.

COMPLIANCE UPDATE

Y3 witnessed a number of challenges and advances on AUHC in terms of compliance, specifically within SHN and its development of a robust and comprehensive compliance platform in the midst of continuing ethical lapses on the part of clinic staff. During the onset of COVID-19, AUHC's Compliance Monitoring Unit (CMU) and quality assurance and improvement teams made the seamless transition from in-person audits/visits to virtual ones. As regards to financial compliance, the success of this transition proves that in-person audits are required only under exceptional circumstances and can be removed from project budget considerations in Y3 and Y4. Y3 saw no violations of family planning or environmental compliance regulations.

Ethics trends in SHN clinics. Throughout the year, AUHC's CMU, together with SHN's own HQ compliance team comprised of the director of compliance, compliance auditor, and four internal auditors, carried out comprehensive audits of all clinics in the network focused on both programmatic and financial/administrative issues. As the year progressed and SHN staff became more and more inculcated in the company's comprehensive code of conduct, ethics violations after the rollout of trainings and reporting mechanisms decreased. However, the audits nevertheless continued to find numerous violations that occurred in Years 1, 2, and up to the middle of Y3 that required reporting to the USAID Office of the Inspector General (OIG). These revolved mainly around procurement irregularities, false claims, and altered/embezzled service revenue. Throughout Year 3, Chemonics made 30 disclosures to the OIG regarding reportable misconduct in SHN clinics. This includes one disclosure with multiple issues uncovered around the same time period in various clinics. As a result of AUHC and SHN investigations, SHN has terminated more than 50 staff and issued final warnings to more than 20, and staff networkwide are being made aware that terminations have and will take place whenever an employee engages in fraudulent activity. Of all the disclosures, one of the most serious was the discovery by AUHC that certain SHN clinic managers were making "speed money" payments to GOB officials in order to guarantee issuance of required clinic licenses. An investigation by the OIG revealed that while no USAID funding was used for these payments, SHN senior management knew of the practice. As a result, the acting CEO submitted his resignation.[2]

Y3 was SHN's most challenging as it completed the creation and rollout of its compliance platform while simultaneously continuing to investigate seemingly consistent ethics issues within its clinics. Although it is expected that the discovery of such issues will continue for the remainder of the AUHC project, insofar as those issues are overwhelmingly from the period before SHN's compliance platform was fully conceived and implemented, reportable conduct should decrease greatly throughout Y4 and Y5. While it should be noted that SHN inherited the staff and various ethics regimes of multiple NGOs in Y2, it accepts responsibility for turning around staff perceptions of the seriousness of ethical impropriety and commits to making SHN a model of probity in the sector.

Family planning compliance. AUHC continued to conduct rigorous family planning compliance monitoring and awareness activities throughout Y3. By the second quarter, all SHN and Green Hill staff had certified taking the AUHC-produced, annual Bangla-language family planning compliance training. Comprehension of family planning requirements was probed throughout the year by both the AUHC quality assurance and improvement team and CMU via in-person clinic audits and inspections, interviews with staff, and random phone inquiries with family planning acceptors regarding who influenced their decision to receive family planning and the method used, informed consent, and incentives. Through these activities, AUHC confirmed that no violations of family planning regulations occurred during service provision. In the second quarter, AUHC received an allegation from an anonymous source that menstrual regulation services were being provided at an

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[2] Early in the first quarter of Year 4.

SHN clinic. Following a thorough investigation, this alleged statutory violation was found to be unsubstantiated and most likely fabricated by the clinic's former manager who earlier resigned prior to being terminated for fraud.

Environmental compliance. Throughout Y3, there were only a minor number of approved work plan activities that had the potential for adverse environmental impact:

- Award reimbursement subcontract to SHN
- Implement the recommendations of the first phase of the network optimization exercise for the 146 very poor and poor clinics
- Implement SHN new clinic typology
- Work with SHN to implement TB services
- Improve physical facility and clinic environment
- Support SHN clinic upgrades.

No adverse environmental impact was noted during the implementation of these activities as verified by CMU program audits, quality assurance and improvement team visits, and SHN reporting. It should be noted that not all aspects of all activities took place in Year 3 due to programmatic refocusing and incremental funding delays. Implementing the new clinic typology, improving physical facility and clinic environment, implementing TB services, and supporting clinic upgrades either included medical equipment purchases and installation/use or a refresh to clinic premises that did not occur in Y3 for these reasons.

RESULTS TO DATE

AUHC performance monitoring plan (PMP) indicators with baseline and Y3 annual target versus quarterly achievements are shown in the matrix below. The indicators are part of the approved Y3 work plan. Although MERL has revised the MERL plan with inclusion and omission of some indicators as guided by USAID, most of the service indicator targets for Y4 and Y5 have been changed based on 134 clinics network and submitted to USAID on September 30, 2020. In Q4, we observed an increasing trend over the past quarter, although overall performance of the year compare to the annual target was not up to the mark. This was because of the effect of network optimization and COVID-19 pandemic.

SI #	Indicators	Baseline	FY20 Target	Q1 of FY20 achievements	Q2 of FY20 achievements	Q3 of FY20 achievements	Q4 of FY20 achievements	FY20 achievements	Remarks
1	Number of service contacts provided through Surjer Hashi (SH) clinics.	46m[3]	29.9m	6.7m	6.2m	1.3m	1.8m	16m	
2	Number of clients served through SHN	-	No Target	41,150	69,837	21,833	50,426	183,246	Data from 20 HMIS piloted clinics.
3	Number of visits in SH clinics	27.38m	13m	3.24m	2.91m	0.50m	0.74m	7.39m	
4	Percentage of clinics that achieve minimum passing score for compliance with SHN developed SOPs for business.	0%	50%	33%	67%	75%	73%	58%	
5	Number of clinics met minimum five criteria of Quality for excellence.	240	250	84	25	47	28	184	
6	Cost recovery of SHN	33%	35%	35.30%	37.62%	24.63%	53.98%	37.72%	
7	Number of Smiling Sun clinics fully transitioned into the Surjer Hashi Network (SHN).	0	NA	NA	NA	NA	NA	NA	Transition completed.

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[3] NGO Health Service Delivery Project (NHSDP) Annual Report December 2017

SI #	Indicators	Baseline	FY20 Target	Q1 of FY20 achievements	Q2 of FY20 achievements	Q3 of FY20 achievements	Q4 of FY20 achievements	FY20 achievements	Remarks
8	Percentage of SHN clinics using DHIS2 compatible MIS developed by AUHC partner PSI.	0	100%	100%	100%	100%	100%	100%	
9	Average cost recovery for SH clinics.	38%	50%	38%	40.91%	26.80%	59.53%	40.45%	
10	Number of clinics brought under performance-based incentive programs.	0	387	0	0	0	0	0	SHN didn't start any incentive program.
11	Percentage of SH clinics providing family planning counseling or services	100%	100%	100%	100%	100%	100%	100%	
12	Number of service contacts of family planning/reproductive health counseling and or services to youth (15-25 years).	20.0m	10.20m	2.30m	1.80m	0.45m	0.60m	5.14m	
13	Couple Years of Protection (CYP) provided by SH clinics	1.05 m	0.79m	0.21m	0.23m	0.03m	0.06m	0.53m	
14	CYPs IUD provided by SH clinics	50,744	29,777	8,860	4,950	533	1,412	15,755	
15	CYPs for Implant provided by SH clinics	17,771	8,950	3,961	2,248	258	1,228	7,695	
16	CYP for LAPM (female/male sterilization provided by SH clinics	15,728	8,028	1,963	1,313	1092	1,456	5,824	
17	Number of injectable provided SH clinics	1,612,236	1,414,630	353,868	324,806	71,518	121,773	871,965	
18	CYPs for short acting modern methods (pills, condoms, injectable, ECP) provided by SH clinics	534,126	477,785	193,199	220,281	30,992	51,338	495,810	

SI #	Indicators	Baseline	FY20 Target	Q1 of FY20 achievements	Q2 of FY20 achievements	Q3 of FY20 achievements	Q4 of FY20 achievements	FY20 achievements	Remarks
19	Number of SH clinics offering Permanent Method (female/male sterilization)	75	70	39	39	35	31	31	
20	Number of SH clinics offering long-acting reversible contraception (LARC) modern contraceptive methods (IUD, implant)	359	294	275	275	147	104	104	
21	Number of service contacts with pregnant women that were provided with counseling on nutrition or adoption of IYCF practices.	1,032,434	509,068	67,920	50,125	15,925	31,123	165,093	
22	Number of births delivered by a skilled birth attendant supported by SH clinics	45,232	35,131	7,527	6,016	5,320	6,887	25,750	
23	Number of service contacts of post-partum women delivered in SH clinics who left with any modern contraceptive methods.	-	2,258	784	698	442	530	2,454	
24	Number of women delivered in SH clinics who received IUD as PPFP [postpartum family planning] within 48 hours or 4-6 weeks after discharge	-	153	42	44	14	18	118	
25	Number of male service contacts provided by SH clinics.	4.1 m	2.52m	1.3 m	0.44m	.05m	.08m	1.86m	
26	Number of ANC service contacts provided by SH clinics	1,980,505	1,022,063	156,885	134,548	52,471	78,200	422,104	
27	Number of ANC service contacts that included PPFP counseling.	116,984	178,482	26,079	23,139	9,882	14,717	73,817	

SI #	Indicators	Baseline	FY20 Target	Q1 of FY20 achievements	Q2 of FY20 achievements	Q3 of FY20 achievements	Q4 of FY20 achievements	FY20 achievements	Remarks
28	Number of service contacts of women receiving PNC within 48 hours of birth from SH skilled provider	305,532	136,149	18,539	12,799	5,557	7,509	44,404	
29	Number of service contacts of newborns receiving ENC [essential newborn care] service within 72 hours of birth.	352,934	148,442	18,725	13,105	6,012	7,985	45,827	
30	Number of ANC and/or PNC visits where 30 IFA is provided or prescribed	1,681,931	806,904	120,779	109,092	40,804	63,122	333,797	
31	Number of women giving births who received uterotonics (misoprostol/oxytocin) in the third stage of labor (or immediately after birth).	37,210	27,000	3,673	3,101	2,816	3,873	13,463	
32	Number of children less than 12 months of age who received Penta3 from SH clinics.	310,076	112,699	25,569	23,927	9,733	20,704	79,933	
33	Number of children aged 6-59 months who received Vitamin A in SH clinics.	1,840,174	1,913,781	NA	1,036,661	NA	NA	1,036,661	Government postponed second Vit A campaign due to COVID-19.
34	Number of cases of child diarrhea managed through SH clinics.	2,407,662	1,136,925	208,899	168,117	12,004	14,043	403,063	
35	Number newborns not breathing at birth who were resuscitated in SH clinics.	5,696	1,540	186	105	51	104	446	

SI #	Indicators	Baseline	FY20 Target	Q1 of FY20 achievements	Q2 of FY20 achievements	Q3 of FY20 achievements	Q4 of FY20 achievements	FY20 achievements	Remarks
36	Number of cases of child pneumonia treated with antibiotics through SH clinics	277,467	102,528	8,548	6,593	238	830	16,209	
37	Number of service contacts with children under 5 included in growth monitoring program in SH clinics.	1,311,590	724,442	135,478	117,857	57,938	95,991	407,264	
38	Number of SH clinics that provide BEmOC [basic emergency obstetric care]	26	26	26	25	18	15	15	Basic with NVD clinics
39	Number of SH clinics that provide CEmOC [comprehensive emergency obstetric care]	48	43	43	43	38	38	38	Advanced clinics
40	Number of SH clinics offering non-communicable diseases (hypertension, DM) screening.	288	312	294	294	174	152	152	
41	Number of presumptive TB cases identified at the SH clinic and outreach	4,636	3,480	92	51	9	36	188	
42	Number of presumptive TB cases undergo diagnostic investigation	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
43	Number of TB cases diagnosed with TB	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
44	Number of TB cases started treatment at SH DOTS clinic	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
45	Number of clinics where extended hour clinic operations were prototyped and later rolled out.	6	50	53	45	45	0	45	COVID-19 effect in Q4

SI #	Indicators	Baseline	FY20 Target	Q1 of FY20 achievements	Q2 of FY20 achievements	Q3 of FY20 achievements	Q4 of FY20 achievements	FY20 achievements	Remarks
46	Number of clinics where specialized doctor services were prototyped and later rolled out.	0	4	TBD	TBD	TBD	TBD	TBD	Prototyping yet to be started
47	Number of clinics where specialized eye care services were prototyped and later rolled out.	0	5	TBD	TBD	TBD	TBD	TBD	Prototyping yet to be started
48	Percent of population in SH catchment areas who are aware of SH clinics	36%	NA	NA	NA	NA	NA	NA	
49	Number of families covered under financial protection mechanisms developed by AUHC partner Green Delta.	0	TBD	TBD	TBD	TBD	TBD	TBD	Related to insurance program
50	Percent of poor SH clinic clients who are provided with subsidized or discounted service fees.	40%	43%	30%	28%	14%	13%	22%	# calculated from 20 HMIS piloting clinics.
51	Number of people enrolled in SHN insurance schemes	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Related to insurance program
52	Percentage of revenue generated from different categories of clients	Able to pay-60%; Poor-39%; PoP-1%	Able to pay-61%; Poor-38%; PoP-1%	Able to pay– 64% Poor – 31% Very poor – 5%	Able to pay– 73% Poor – 24% Very poor – 3%	Able to pay– 91.8% Poor – 7.7% Very poor – 0.5%	Able to pay– 94.2% Poor – 5.4% Very poor – 0.4%	Able to pay– 88% Poor – 11% Very poor – 1%	
53	Number of women delivered at SH clinics followed by use of the partograph	19,262	25,439	6,814	5,791	3,649	6,651	22,905	
54	Number of women completed four ANC visits	94,531	77,735	22,778	19,686	6,722	8,366	57,552	

SI #	Indicators	Baseline	FY20 Target	Q1 of FY20 achievements	Q2 of FY20 achievements	Q3 of FY20 achievements	Q4 of FY20 achievements	FY20 achievements	Remarks
55	Number of women received ANC checkup according to SOP at SH clinics by skilled service provider	NA	100%	100%	100%	100%	100%	100%	
56	Percentage of customers satisfied with SH services	75%	75%	96%	NA	92%	NA	92%	Semi-annual reporting indicator
57	Number of clinics implementing a continuous QI plan developed by AUHC	0	300	100	25	32	59	216	
58	Number of staff trained in family planning (pills, condoms, injectable, Long-Acting Reversible Contraception [LARC], permanent method), delivery, ANC, ENC, sick childcare, child health, nutrition, NCD & RH IPP, waste management within last 24 months.	0	5,000	102	51	766	3760	4,679	
59	Percentage of satisfied staff working in SH clinics.	70%	70%	79%	NA	100%	100%	92%	
60	Percentage of staff retention in SH clinics.	86.4%	88.0%	NA	NA	NA	47%	47%	Employee in Oct 2019 – 5149; employee in Sept 2020 – 2402. Employee retrenched due to optimization – 2207.

SI #	Indicators	Baseline	FY20 Target	Q1 of FY20 achievements	Q2 of FY20 achievements	Q3 of FY20 achievements	Q4 of FY20 achievements	FY20 achievements	Remarks
61	Number of research/ studies conducted under AUHC project.	0	1	0	0	0	1	1	
62	Number of learning activities conducted (pause and reflect workshops and attend or arrange conferences.)	0	4	1	1	1	1	4	
63	Number of learning agenda or prototyping incorporated or adapted in program implementation.	0	4	1	0	0	3	4	Extended hours, Network optimization, EMR billing and registration, Waiting time
64	Number of case studies, success stories, SHN newsletters prepared.	0	4	1	1	2	3	7	

ANNEX A: FINANCIAL REPORT

AUHC actual incurred expenditures for the reporting period and planned expenditures for the next year.

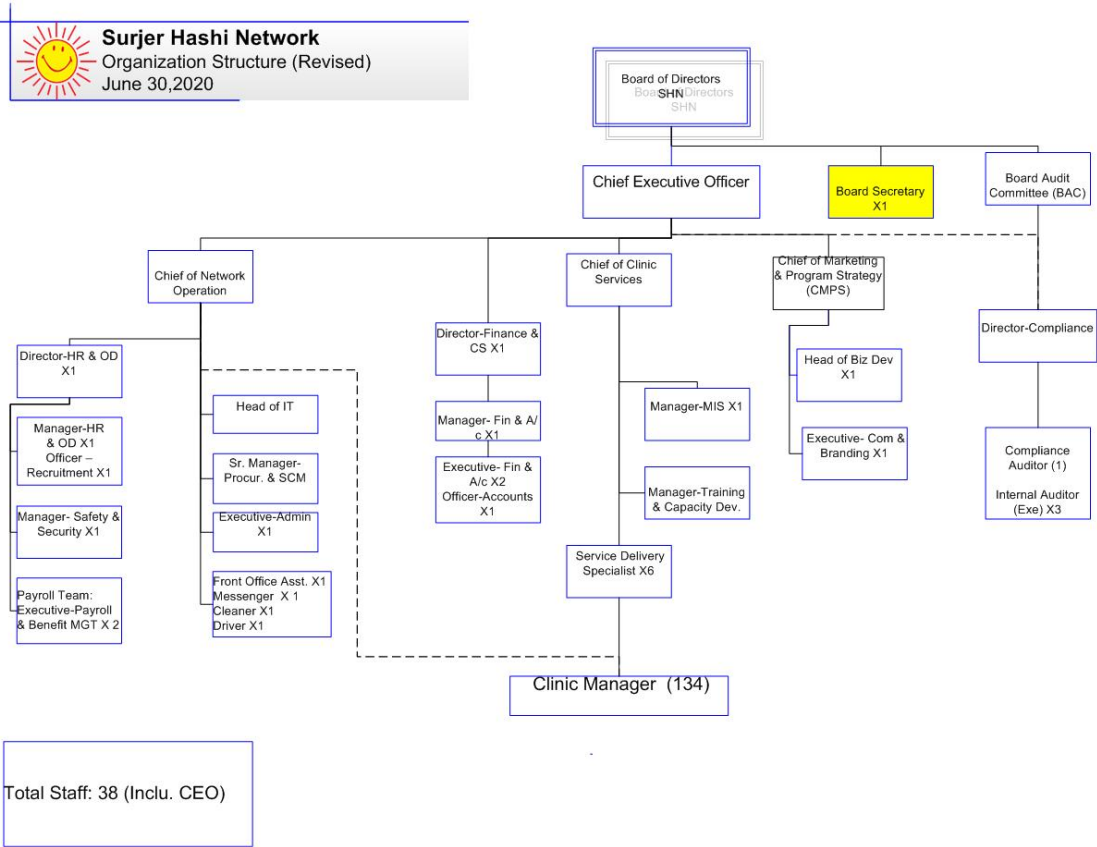| AUHC Expenditures	FY2020 Planned Expenditures	FY2020 Actual Incurred Expenditures	FY2021 Planned Expenditures
███	███	███	███
█████	███	███	███
████	███	███	███
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████	███	███	███
██	████	████	████

* The total actual expenditures for FY2020 include estimated incurred costs, not invoiced costs. Invoiced costs in FY2020 did not exceed the budget ceiling.

** The Strategic Activity Fund line item includes ████████████████████ ████████ and other kinds of costs that go to NGOs or SHN to manage and operate clinics.

*** ████████████████████████████████ ████████████████

ANNEX B: SHN Org Chart

Surjer Hashi Network
Organization Structure (Revised)
June 30, 2020

Board of Directors
SHN

Chief Executive Officer

Board Secretary X1

Board Audit Committee (BAC)

Chief of Network Operation

Chief of Clinic Services

Chief of Marketing & Program Strategy (CMPS)

Director-Compliance

Director-HR & OD X1

Director-Finance & CS X1

Head of Biz Dev X1

Head of IT

Manager-HR & OD X1 Officer – Recruitment X1

Manager- Fin & A/c X1

Manager-MIS X1

Executive- Com & Branding X1

Compliance Auditor (1)

Internal Auditor (Exe) X3

Sr. Manager- Procur. & SCM

Manager- Safety & Security X1

Executive- Fin & A/c X2 Officer-Accounts X1

Executive-Admin X1

Payroll Team: Executive-Payroll & Benefit MGT X 2

Manager-Training & Capacity Dev.

Front Office Asst. X1 Messenger X 1 Cleaner X1 Driver X1

Service Delivery Specialist X6

Clinic Manager (134)

Total Staff: 38 (Inclu. CEO)

ANNEX C: SHN License Status

Status of licenses for network clinics. AUHC has been working with SHN to obtain necessary clinic licenses. Licenses include DTC approval, trade, fire, environment, narcotic, lab, hospital, and pharmacy licenses.

Status of SHN Licenses

Type of License	Required Number of Clinics	Renewed/ Completed Number of Clinics	Applied 2018-19	Applied 2019-20	Applied 2020-21	Exception	Total Applied	Not Applied
DTC Approval	134	97	0	37	0	0	37	0
Trade License	134	116	0	0	6	0	6	12
Fire License	123	94	0	1	9	0	10	19
Environment Clearance	121	15	2	41	27	3	73	33
Narcotic License	38	0	4	9	10	4	27	11
Lab License	122	1	20	71	8	5	104	17
Hospital License	38	0	12	20	3	3	38	0
Pharmacy License	35	8			2	1	3	24
Total	745	331	38	179	65	16	298	116

Table Summarizing Delaying Factors for Pending Licenses

Type of License	DTC Approval	Trade License	Fire License	Environment Clearance	Lab License	Hospital License	Narcotic License	Pharmacy License
Total # of Pending Licenses	37	18	29	106	121	38	38	27
Delaying Factors for Pending Licenses	Awaiting DGFP Approval (30)	ADB/City Corporation Building (10)	ADB/City Corporation Building (9)	ADB/City Corporation Building (9)	Not Having Trade License (14)	Not Having Fire, Environment, Trade License (2)	Tax Return Issue (1)	Applied 2020-2021 (2)
	CS Physical Visit Due (7)	Located at Residential Area (2)	Located at Residential Area (2)	Located at Residential Area (2)	Not Having Environment Clearance (1)	Registered Paramedic not available (1)	Applied 2020-2021 (10)	Disputed*** (1)
		Application In Progress (5)	Applied 2020-2021 (9)	Not Having Fire/Lab/Hospital/Trade License (8)	Applied 2020-2021 (8)	Applied 2020-2021 (3)	Applied 2019-2020 (11)	Not Applied (24)
		Absence of holding number (1)	Applied 2019-2020 (1)	Applied 2020-2021 (29)	Applied 2019-2020 (71)	Applied 2019-2020 (20)	Applied 2018-2019 (3)	
			Not Applied (8)	Applied 2019-2020 (39)	Applied 2018-2019 (20)	Applied 2018-2019 (12)	Not Having Clinic/Lab License (2)	
				Applied 2018-2019 (2)	Authority rejected application for tax circle issue (4)		Not Applied (11)	
				Disputed* (3)	Disputed** (2)			
				Not Applied (14)	Not Applied (1)			

*(Env)Disputed-Cumilla, Gopalgonj, Madaripur
**(Lab) Diputed- Madaripur
***(Phar) Disputed-Cumilla